Favorites Main Menu Manager Self Service Time Management Report Time Timesheet

New Window http

Timesheet [redacted]

Company:	IWM	Empl ID:	[redacted]	Last Start Dt:	11/23/2009	F/P/X:	Full-Time
Job Title:	[redacted]	Empl Rcd:	0	FLSA Status:	Exempt	Grade:	[redacted]

*View By:	Calendar Period	Reported Hours:	80.00	Previous Period	Next Period
*Date:	11/29/2015	Scheduled Hours:	80.00	Previous Employee	Next Employee

Reported time on or before 01/09/2016 is for a prior period.

Day	Date	Status	In	Lunch	In	Out	Punch Total	Time Reporting Code	Quantity	Sched Hrs	Override Reason	HR Department Override
Sun	11/29	New								0.00		
Mon	11/30	Submitted						SH - Sick Hours, No Diff	2.90	8.00		
		Submitted						LN - Leave Without Pay	0.76	8.00		
		Submitted						V0 - Vacation Hours, No Diff	4.34	8.00		
Tue	12/1	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Wed	12/2	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Thu	12/3	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Fri	12/4	Submitted						LN - Leave Without Pay	8.00	8.00		
Sat	12/5	New								0.00		
Sun	12/6	New								0.00		
Mon	12/7	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Tue	12/8	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Wed	12/9	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Thu	12/10	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Fri	12/11	Submitted						LN - Leave Without Pay	8.00	8.00		
Sat	12/12	New								0.00		

Estimated Use\Lose as of 01/09/2016 Leave Accrual
0

Plan	Current Balance
50 - Sick	5.44
51 - Vacation	10.03
5P - Time Off	
5Q - Compensatory Travel Leave	
5U - Compensatory Leave	

Manager Self Service
Time Management
Return to Select Employee

ENCLOSURE 14

Timesheet [redacted]

Company: IWM
Empl ID: [redacted]
Last Start Dt: 11/23/2009
F/P/X: Full-Time

Job Title: [redacted]
Empl Rcd: 0
FLSA Status: Exempt
Grade: [redacted]

*View By: Calendar Period
*Date: 12/13/2015
Reported Hours: 61.00
Scheduled Hours: 80.00

Previous Period | Next Period
Previous Employee | Next Employee

Reported time on or before 01/09/2016 is for a prior period.

Day	Date	Status	In	Lunch	In	Out	Punch Total	Time Reporting Code	Quantity	Sched Hrs	Override Reason	HR Department Override
Sun	12/13	New								0.00		
Mon	12/14	Submitted						50 - Sick Hours, No Diff	3.16	8.00		
		Submitted						LN - Leave Without Pay	0.09	8.00		
		Submitted						V0 - Vacation Hours, No Diff	4.75	8.00		
Tue	12/15	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Wed	12/16	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
		Submitted						CT - Comp Leave Earned	1.00	8.00		
Thu	12/17	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Fri	12/18	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Sat	12/19	New								0.00		
Sun	12/20	New								0.00		
Mon	12/21	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Tue	12/22	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Wed	12/23	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Thu	12/24	Submitted						W0 - Regular Hours, No Diff	4.00	8.00		
		Submitted						H0 - Holiday Hours (not worked), No	4.00	8.00		
Fri	12/25	Submitted						H0 - Holiday Hours (not worked), No	8.00	8.00		
Sat	12/26	New								0.00		

Reported Time Summary
Balances

Estimated Use/Lose as of 01/09/2016 Leave Accrual
0

Plan	Current Balance
50 - Sick	5.44
51 - Vacation	10.08
5P - Time Off	
5Q - Compensatory Travel Leave	
5U - Compensatory Leave	

Manager Self Service
Time Management
Return to Select Employee

ENCLOSURE (14)

Favorites Main Menu Manager Self Service Time Management Report Time Timesheet

Timesheet [redacted]

Company IMA Empl ID [redacted] Last Start Dt 11/23/2009 F/P/X Full-Time

Job Title [redacted] Empl Rcd: 0 FLSA Status: Exempt Grade [redacted]

*View By: Calendar Period

*Date: 05/17/2015

Reported Hours: 80.00

Scheduled Hours: 80.00

Reported time on or before 01/09/2016 is for a prior period.

Type	Date	Status	In	Lunch	In	Out	Punch Total	Time Reporting Code	Quantity	Sched Hrs	Override Reason	HR Department Override
	Sun	5/17	New							0.00		
	Mon	5/18	Submitted					W0 - Regular Hours, No Diff	8.00	8.00		
	Tue	5/19	Submitted					W0 - Regular Hours, No Diff	8.00	8.00		
	Wed	5/20	Submitted					W0 - Regular Hours, No Diff	8.00	8.00		
	Thu	5/21	Submitted					W0 - Regular Hours, No Diff	8.00	8.00		
			Submitted					W0 - Regular Hours, No Diff	8.00	8.00		
			Submitted							0.00		
	Sat	5/23	New							0.00		
	Sun	5/24	New					H0 - Holiday Hours (not worked), No	8.00	8.00		
	Mon	5/25	Submitted					W0 - Regular Hours, No Diff	8.00	8.00		
	Tue	5/26	Submitted					W0 - Regular Hours, No Diff	8.00	8.00		
	Wed	5/27	Submitted					W0 - Regular Hours, No Diff	8.00	8.00		
	Thu	5/28	Submitted							0.00		
			Submitted									
			New									

	Current Balance
	5.44
	19.60

SL - Time Off

SC - Compensatory Travel Leave

CU - Compensatory Leave

ENCLOSURE 14

Request for Leave or Approved Absence

1. Name *(Last, first, middle)* [redacted]

2. Employee or Social Security Number [redacted]

3. Organization

P&C

4. **Type of Leave/Absence**

Check appropriate box(es) and enter date and time below)	Date From	Date To	Time From	Time To	Total Hours
☐ Accrued annual leave					
☐ Restored annual leave					
☐ Advance annual leave					
☑ Accrued sick leave	5/22/15	5/22/15	0800	1700	8.00
☐ Advance sick leave					

Purpose:
- ☐ Illness/injury/incapacitation of requesting employee
- ☐ Medical/dental/optical examination of requesting employee
- ☐ Care of family member, including medical/dental/optical examination of family member, or bereavement
- ☐ Care of family member with a serious health condition
- ☐ Other

☐ Compensatory time off					
☐ Other paid absence *(specify in remarks)*					
☐ Leave without pay					

5. **Family and Medical Leave**

If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please provide the following information:

☐ I hereby invoke my entitlement to family and medical leave for:

- ☐ Birth/Adoption/Foster care
- ☐ Serious health condition of spouse, son, daughter, or parent
- ☐ Serious health condition of self

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency.

6. Remarks

7. **Certification:** I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

7a [redacted]

7b. Date signed 5/26/15

8a. Official action on request ☒ Approved ☐ Disapproved *(If disapproved, give reason. If annual leave, initiate action to reschedule.)*

8b. Reason for disapproval

8c. Signature [redacted]

8d. Date signed 5/26/15

Privacy Act Statement

Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

Favorites Main Menu Manager Self Service Time Management Report Time Timesheet

Timesheet [redacted]

Company:	MM4	Empl ID	[redacted]	Last Start Dt.	11/23/2009	FT/PT	Full-Time
Job Title:	[redacted]	Empl Rcd	0	FLSA Status:	Exempt	Grade	[redacted]

*View By: Calendar Period

*Date: 04/05/2015

Reported Hours: 80.00

Scheduled Hours: 80.00

Previous Period | Next Period

Previous Employee | Next Employee

Reported time on or before 01/09/2016 is for a prior period.

Day	Date	Status	In	Lunch	In	Out	Punch Total	Time Reporting Code	Quantity	Sched Hrs	Override Position	HR Department Override
Sun	4/5	New								0.00		
Mon	4/6	Submitted						WD - Regular Hours, No Diff	8.00	8.00		
Tue	4/7	Submitted						WD - Regular Hours, No Diff	8.00	8.00		
Wed	4/8	Submitted						WD - Regular Hours, No Diff	8.00	8.00		
Thu	4/9	Submitted						WD - Regular Hours, No Diff	8.00	8.00		
[illegible]	[illegible]	Submitted						[illegible]	[illegible]	8.00		
[illegible]	[illegible]	Submitted								0.00		
Sat	4/11	New								0.00		
Sun	4/12	New						WD - Regular Hours, No Diff	8.00	8.00		
Mon	4/13	Submitted						WD - Regular Hours, No Diff	8.00	8.00		
Tue	4/14	Submitted						WD - Vacation Hours, No Diff	8.00	8.00		
[illegible]	[illegible]	Submitted						WD - Regular Hours, No Diff	8.00	8.00		
Wed	4/15	Submitted						WD - Vacation Hours, No Diff	8.00	8.00		
Thu	4/16	Submitted						WD - Regular Hours, No Diff	8.00	8.00		
Fri	4/17	Submitted								0.00		
Sat	4/18	New										

Type	Current Balance
50 - Sick	6.44
51 - Vacation	10.08
5P - Time Off	
5Q - Compensatory Travel Leave	
5U - Compensatory Leave	

ENCLOSURE (14)

Personal Data - Privacy Act of 1974 (PL 93-579)

SPONSOR NAME: [redacted]

BILLING NAME: [redacted]
BILL ADDRESS: PSC 561 BOX [redacted]
FPO AP 96310-0016

PATIENT NAME: [redacted]
ACCOUNT NO:
SERVICE DATE: 10 Apr 2015@0834 TOTAL CHARGES: $26.60

CHARGES

Svc	Code	Description	Qty	Svc Date	Sales	Charges
PHR	I497822	[redacted]	60	10 Apr 2015	IOR	26.60

INVOICES & RECEIPTS

DATE	PAYMENT	TYPE PAY	CHECK NO.	CTRL NO.	BALANCE
27 Apr 2015	0.00			15-2532	26.60

Favorites Main Menu Manager Self Service Time Management Report Time Timesheet

Timesheet [redacted]

Company: MM* Empl ID: [redacted] Last Start Dt: 11/23/2009 FT/PT: Full-Time

Job Title: [redacted] Empl Rcd: 0 SLSA Status: Exempt Grade: [redacted]

*View By: Calendar Period

*Date: 03/22/2015

Reported Hours: 80.00

Scheduled Hours: 80.00

Previous Employee | Next Employee

Reported time on or before 01/09/2016 is for a prior period.

	Sun	3/22	New						0.00	
	Mon	3/23	Submitted				Time Reporting Code	WD - Regular Hours, No Diff	8.00	8.00
	Tue	3/24	Submitted					WD - Regular Hours, No Diff	8.00	8.00
	Wed	3/25	Submitted					WD - Regular Hours, No Diff	8.00	8.00
			Submitted							8.00
			Submitted							8.00
										0.00
										0.00
	Sat	3/28	New							0.00
	Sun	3/29	New					WD - Regular Hours, No Diff	8.00	8.00
	Mon	3/30	Submitted					WD - Regular Hours, No Diff	8.00	8.00
	Tue	3/31	Submitted					WD - Regular Hours, No Diff	8.00	8.00
	Wed	4/1	Submitted					WD - Regular Hours, No Diff	8.00	8.00
	Thu	4/2	Submitted							0.00
	Fri	4/3	Submitted							0.00
	Sat	4/4	New							0.00

	Accrued Balance
10 - Sick	6.44
11 - Vacation	10.63
45 - Time Off	
50 - Compensatory Travel Leave	
51 - Compensatory Leave	

ENCLOSURE (14)

Favorites Main Menu Manager Self Service Time Management Report Time Timesheet

Timesheet [redacted]

Company: [redacted] Empl ID: [redacted] Last Start Dt: 11/23/2009 FTPT: Full-Time

Job Title: [redacted] Empl Pod: 0 FLSA Status: Exempt Grade: [redacted]

*View By: Calendar Period

*Date: 02/08/2015

Reported Hours: 80.00 Previous Period Next Period

Scheduled Hours: 80.00 Previous Employee Next Employee

Reported time on or before 01/09/2016 is for a prior period.

Dy	Date	Status	In	Lunch	In	Out	Punch Total	Time Reporting Code	Quantity	Select Rte	Override Reason	HR Department Override
										0.00		
Sun	2/8	New										
Mon	2/9	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Tue	2/10	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Wed	2/11	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Thu	2/12	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
		Submitted								0.00		
										0.00		
Sat	2/14	New						H0 - Holiday Hours (not worked), No	8.00	8.00		
Sun	2/15	New						W0 - Regular Hours, No Diff	8.00	8.00		
Mon	2/16	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Tue	2/17	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Wed	2/18	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
										0.00		
Thu	2/19	Submitted										
Fri	2/20	Submitted										
Sat	2/21	New										

	Reported Balance
55 - Sick	5.44
50 - Vacation	10.00
CE - Time Off	
5V2 - Compensatory Travel Leave	
5V1 - Compensatory Leave	

ENCLOSURE (14)

Favorites Main Menu Manager Self Service Time Management Report Time Timesheet

New Window Help

Timesheet [redacted]

Company	IMA	Empl ID:	[redacted]	Last Start Dt:	11/23/2009	F/P/X	Full-Time
Job Title	[redacted]	Empl Rcd:	0	FLSA Status:	Exempt	Grade:	[redacted]

*View By: Calendar Period

*Date: 11/01/2015

Reported Hours: 80.00

Scheduled Hours: 80.00

Previous Period Next Period

Previous Employee Next Employee

Reported time on or before 01/09/2016 is for a prior period.

Day	Date	Status	In	Lunch	In	Out	Punch Total	Time Reporting Code	Quantity	Sched Hrs	Override Reason	HR Department Override
Sun	11/1	New								0.00		
Mon	11/2	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Tue	11/3	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Wed	11/4	Submitted						S0 - Sick Hours, No Diff	4.00	8.00		
		Submitted						V0 - Vacation Hours, No Diff	4.00	8.00		
Thu	11/5	Submitted						W0 - Regular Hours, No Diff	4.00	8.00		
		Submitted						LN - Leave Without Pay	0.07	8.00		
		Submitted						V0 - Vacation Hours, No Diff	3.93	8.00		
Fri	11/6	Submitted						W0 - Regular Hours, No Diff	0.00	8.00		
Sat	11/7	New								0.00		
Sun	11/8	New								0.00		
Mon	11/9	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Tue	11/10	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Wed	11/11	Submitted						H0 - Holiday Hours (not worked), No	8.00	8.00		
Thu	11/12	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Fri	11/13	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Sat	11/14	New								0.00		

Estimated Use/Lose as of 01/09/2016 Leave Accrual

0

Plan	Current Balance
50 - Sick	5.44
51 - Vacation	10.03
5P - Time Off	
5O - Compensatory Travel Leave	
5U - Compensatory Leave	

Manager Self Service

Time Management

Return to Select Employee

ENCLOSURE (14)

DISPLAY PATIENT APPOINTMENTS

Personal Data - Privacy Act of 1974 (PL 93-579)

PAST APPOINTMENT FOR [redacted] 32/0251 DoD ID: 1502658499

CLINIC/DIV	PROVIDER	DATE/TIME	TYPE/DUR DTL CODES	STATUS
FPC MEDICAL HOME IWA/BMCIWA	[redacted]	23Jun2015@1004	T-CON*/15	TEL-CNSLT
FPC MEDICAL HOME IWA/BMCIWA		25Jun2015@1000	FTR/60	KEPT APPT
FPC MEDICAL HOME IWA/BMCIWA		25Jun2015@1506	T-CON*/15	TEL-CNSLT
FPC MEDICAL HOME IWA/BMCIWA		01Jul2015@1222	T-CON*/15	TEL-CNSLT
FPC MEDICAL HOME IWA/BMCIWA		17Jul2015@0800	SPEC/40	KEPT APPT
FPC MEDICAL HOME IWA/BMCIWA		29Jul2015@0900	GRP/120	NO-SHOW
FPC MEDICAL HOME IWA/BMCIWA		21Aug2015@0840	SPEC/20	KEPT APPT
FPC MEDICAL HOME IWA/BMCIWA		01Sep2015@0847	T-CON*/15	TEL-CNSLT
FPC MEDICAL HOME IWA/BMCIWA		08Sep2015@1015	T-CON*/15	TEL-CNSLT
FPC MEDICAL HOME IWA/BMCIWA		01Oct2015@0817	T-CON*/15	TEL-CNSLT
FPC MEDICAL HOME IWA/BMCIWA		23Oct2015@0900	SPEC/40 WEA	KEPT APPT
FPC MEDICAL HOME IWA/BMCIWA		02Nov2015@1242	T-CON*/15	TEL-CNSLT
FPC MEDICAL HOME IWA/BMCIWA		20Nov2015@0900	SPEC/20	KEPT APPT
IMMUNIZATIONS - IWAK/BMCIWA		20Nov2015@0934	PROC$/10	WALK-IN
FPC MEDICAL HOME IWA/BMCIWA		24Nov2015@0847	T-CON*/15	TEL-CNSLT
FPC MEDICAL HOME IWA/BMCIWA		01Dec2015@1252	T-CON*/15	TEL-CNSLT
FPC MEDICAL HOME IWA/BMCIWA		07Dec2015@1052	T-CON*/15	TEL-CNSLT

ENCLOSURE (7)

Timesheet [redacted]

Company: IWM
Empl ID: [redacted]
Last Start Dt: 11/23/2009
F/P/X: Full-Time
Job Title: [redacted]
Empl Rcd: 0
FLSA Status: Exempt
Grade: [redacted]

*View By: Calendar Period
*Date: 12/27/2015
Reported Hours: 80.00
Scheduled Hours: 80.00

Previous Period | Next Period
Previous Employee | Next Employee

Reported time on or before 01/09/2016 is for a prior period.

Day	Date	Status	In	Lunch	In	Out	Punch Total	Time Reporting Code	Quantity	Sched Hrs	Override Reason	HR Department Override
Sun	12/27	New								0.00		
Mon	12/28	Submitted						WA - Comp Leave Taken, No Diff	1.00	8.00		
		Submitted						LN - Leave Without Pay		1.25	8.00	
		Submitted						V0 - Vacation Hours, No Diff		5.75	8.00	
Tue	12/29	Submitted						W0 - Regular Hours, No Diff		8.00	8.00	
Wed	12/30	Submitted						W0 - Regular Hours, No Diff		8.00	8.00	
Thu	12/31	Submitted						W0 - Regular Hours, No Diff		8.00	8.00	
Fri	1/1	Submitted						H0 - Holiday Hours (not worked), No		8.00	8.00	
											0.00	
Sat	1/2	New									0.00	
Sun	1/3	New						W0 - Regular Hours, No Diff		5.50	8.00	
Mon	1/4	Submitted						S0 - Sick Hours, No Diff		2.50	8.00	
		Submitted						W0 - Regular Hours, No Diff		4.00	8.00	
Tue	1/5	Submitted						A0 - Admin Hours, No Diff		4.00	8.00	
		Submitted						W0 - Regular Hours, No Diff		8.00	8.00	
Wed	1/6	Submitted						W0 - Regular Hours, No Diff		8.00	8.00	
Thu	1/7	Submitted						W0 - Regular Hours, No Diff		8.00	8.00	
Fri	1/8	Submitted									0.00	
Sat	1/9	New										

Estimated Use/Lose as of 01/09/2016 Leave Accrual
0

Plan	Current Balance
50 - Sick	5.44
51 - Vacation	10.05
5F - Time Off	
5O - Compensatory Travel Leave	
5U - Compensatory Leave	

Manager Self Service
Time Management
Return to Select Employee

ENCLOSURE (4)

Timesheet [redacted]

Company: IWM Empl ID: [redacted] Last Start Dt: 11/23/2009 F/P/X: Full-Time

Job Title: [redacted] Empl Rcd: 0 FLSA Status: Exempt Grade: [redacted]

*View By: Calendar Period

*Date: 10/13/2015

Reported Hours: 80.00

Scheduled Hours: 80.00

Previous Period Next Period

Previous Employee Next Employee

Reported time on or before 01/09/2016 is for a prior period.

Week: 10/13/2015 to 10/21/2015

Day	Date	Status	In	Lunch	In	Out	Punch Total	Time Reporting Code	Quantity	Sched Hrs	Override Reason	HR Department Override
Sun	10/18	New								0.00		
Mon	10/19	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Tue	10/20	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Wed	10/21	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Thu	10/22	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Fri	10/23	Submitted								0.00		
Sat	10/24	New								0.00		
Sun	10/25	New						V0 - Vacation Hours, No Diff	4.03	8.00		
Mon	10/26	Submitted						S0 - Sick Hours, No Diff	3.97	8.00		
		Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Tue	10/27	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Wed	10/28	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Thu	10/29	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Fri	10/30	Submitted								0.00		
Sat	10/31	New										

Reported Time Summary

Balances

Estimated Use/Lose as of 01/09/2016 Leave Accrual
0

Plan	Current Balance
S0 - Sick	5.44
V0 - Vacation	10.06
SP - Time Off	
SC - Compensatory Travel Leave	
SU - Compensatory Leave	

Manager Self Service
Time Management
Return to Select Employee

ENCLOSURE (4)

Timesheet [redacted]

Company: IWM
Empl ID: [redacted]
Last Start Dt: 11/23/2009
F/P/X: Full-Time
Job Title: [redacted]
Empl Rcd: 0
FLSA Status: Exempt
Grade: [redacted]

*View By: Calendar Period
*Date: 10/04/2015
Reported Hours: 80.00
Scheduled Hours: 80.00
Previous Period | Next Period
Previous Employee | Next Employee

Reported time on or before 01/09/2016 is for a prior period.

Day	Date	Status	In	Lunch	In	Out	Punch Total	Time Reporting Code	Quantity	Sched Hrs	Override Reason	PE Department Override
Sun	10/4	New								0.00		
Mon	10/5	Submitted						S0 - Sick Hours, No Diff	4.00	8.00		
		Submitted						V0 - Vacation Hours, No Diff	4.00	8.00		
Tue	10/6	Submitted						V0 - Vacation Hours, No Diff	7.41	8.00		
		Submitted						LN - Leave Without Pay	0.59	8.00		
Wed	10/7	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Thu	10/8	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Fri	10/9	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Sat	10/10	New								0.00		
Sun	10/11	New								0.00		
Mon	10/12	Submitted						H0 - Holiday Hours (not worked), No	8.00	8.00		
Tue	10/13	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Wed	10/14	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Thu	10/15	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Fri	10/16	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Sat	10/17	New								0.00		

Mon
Mon
Tue
Tue

Estimated Use Leave as of 01/06/2016 Leave Accrual
0

Plan	Current Balance
50 - Sick	5.44
51 - Vacation	10.08
5P - Time Off	
5Q - Compensatory Travel Leave	
5U - Compensatory Leave	

Manager Self Service
Time Management
Return to Select Employee

ENCLOSURE (14)

Favorites Main Menu Manager Self Service Time Management Report Time Timesheet

Timesheet [redacted]

Company: IWM Empl ID: [redacted] Last Start Dt: 11/23/2009 F/P/X: Full-Time

Job Title: [redacted] Empl Rcd: 0 FLSA Status: Exempt Grade: [redacted]

*View By: Calendar Period

*Date: 09/20/2015

Reported Hours: 80.00

Scheduled Hours: 80.00

Previous Period Next Period

Previous Employee Next Employee

Reported time on or before 01/09/2016 is for a prior period.

Day	Date	Status	In	Lunch	In	Out	Punch Total	Time Reporting Code	Quantity	Select Hrs	Override Reason	HR Department Override
Sun	9/20	New								0.00		
Mon	9/21	Submitted						S0 - Sick Hours, No Diff	3.77	8.00		
		Submitted						V0 - Vacation Hours, No Diff	4.23	8.00		
Tue	9/22	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Wed	9/23	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Thu	9/24	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Fri	9/25	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Sat	9/26	New								0.00		
Sun	9/27	New								0.00		
Mon	9/28	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Tue	9/29	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Wed	9/30	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Thu	10/1	Submitted						W0 - Regular Hours, No Diff	4.00	8.00		
		Submitted						S0 - Sick Hours, No Diff	4.00	8.00		
Fri	10/2	Submitted						V0 - Vacation Hours, No Diff	4.00	8.00		
Sat	10/3	New								0.00		

Estimated Usage as of 01/09/2016 Leave Accrual

0

Plan	Current Balance
50 - Sick	5.44
51 - Vacation	10.00
5F - Time Off	
5G - Compensatory Travel Leave	
5U - Compensatory Leave	

Employee Self Service

Time Management

Return to Select Employee

ENCLOSURE (4)

Favorites | Main Menu | Manager Self Service | Time Management | Report Time | Timesheet

Timesheet [redacted]

Company:	IWM	Empl ID:	[redacted]	Last Start Dt:	11/23/2009	F/P/X:	Full-Time
Job Title:	[redacted]	Empl Rcd:	0	FLSA Status:	Exempt	Grade:	[redacted]

*View By: Calendar Period

*Date: 09/05/2015

Reported Hours: 80.00

Scheduled Hours: 80.00

Previous Period | Next Period | Previous Employee | Next Employee

Reported time on or before 01/09/2016 is for a prior period.

Day	Date	Status	In	Lunch	In	Out	Punch Total	Time Reporting Code	Quantity	Sched Hrs	Override Reason	HR Department Comments
Sun	9/6	New								0.00		
Mon	9/7	Submitted						HO - Holiday Hours (not worked), No	8.00	8.00		
Tue	9/8	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Wed	9/9	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Thu	9/10	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Fri	9/11	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Sat	9/12	New								0.00		
Sun	9/13	New								0.00		
Mon	9/14	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Tue	9/15	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Wed	9/16	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Thu	9/17	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Fri	9/18	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Sat	9/19	New								0.00		

	Current Balance
[illegible]	[illegible]
Vacation	15.00
Time Off	
[illegible] - Compensatory Travel Leave	
[illegible] - Compensatory Leave	

ENCLOSURE (14)

Favorites Main Menu Manager Self Service Time Management Report Time Timesheet

Timesheet [redacted]

Company	IWM	Empl ID	[redacted]	Last Start Dt.	11/23/2009	F/P/A	Full-Time
Job Title	[redacted]	Empl Rcd	0	FLSA Status	Exempt	Grade	[redacted]

*View By: Calendar Period — Reported Hours: 80.00 — Previous Period — Next Period

*Date: 08/23/2015 — Scheduled Hours: 80.00 — Previous Employee — Next Employee

Reported time on or before 01/09/2016 is for a prior period.

Day	Date	Status	In	Lunch	In	Out	Punch Total	Time Reporting Code	Quantity	Sched Hrs	Override Reason	RF Enhancement Override
Sun	8/23	New								0.00		
Mon	8/24	Submitted						V0 - Vacation Hours, No Diff	3.24	8.00		
		Submitted						LN - Leave Without Pay	4.76	8.00		
Tue	8/25	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Wed	8/26	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Thu	8/27	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Fri	8/28	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Sat	8/29	New								0.00		
Sun	8/30	New								0.00		
Mon	8/31	Submitted						W0 - Regular Hours, No Diff	4.00	8.00		
		Submitted						S0 - Sick Hours, No Diff	4.00	8.00		
Tue	9/1	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Wed	9/2	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Thu	9/3	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Fri	9/4	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Sat	9/5	New								0.00		

Plan	Current Balance
S0 - Sick	5.44
S1 - Vacation	10.06
TF - Time Off	
PL - Compensatory Travel Leave	
PH - Compensatory Leave	

ENCLOSURE (14)

Favorites Main Menu Manager Self Service Time Management Report Time Timesheet

Timesheet [redacted]

Company: IWM
Empl ID: [redacted]
Last Start Dt: 11/23/2009
F/P/Y: Full-Time
Job Title: [redacted]
Empl Rcd: 0
FLSA Status: Exempt
Grade: [redacted]

*View By: Calendar Period
*Date: 08/08/2015
Reported Hours: 80.00
Scheduled Hours: 80.00

Reported time on or before 01/09/2016 is for a prior period.

Day	Date	Status	In	Lunch	In	Out	Punch Total	Time Reporting Code	Quantity	Sched Hrs	Override Reason	HR Department Override
Sun	8/9	New								0.00		
Mon	8/10	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Tue	8/11	Submitted						W0 - Regular Hours, No Diff		8.00	8.00	
Wed	8/12	Submitted						W0 - Regular Hours, No Diff		8.00	8.00	
Thu	8/13	Submitted						W0 - Regular Hours, No Diff		8.00	8.00	
Fri	8/14	Submitted						W0 - Regular Hours, No Diff		8.00	8.00	
Sat	8/15	New								0.00		
Sun	8/16	New								0.00		
Mon	8/17	Submitted						S0 - Sick Hours, No Diff		8.00	8.00	
Tue	8/18	Submitted						W0 - Regular Hours, No Diff		8.00	8.00	
Wed		Submitted						S0 - Sick Hours, No Diff		1.00	8.00	
Thu		Submitted						V0 - Vacation Hours, No Diff		1.00	8.00	
Fri		Submitted						W0 - Regular Hours, No Diff		8.00	8.00	
Sat		Submitted						W0 - Regular Hours, No Diff		8.00	8.00	
Sun	8/23	New						W0 - Regular Hours, No Diff		8.00	8.00	
Mon	8/24	Submitted						V0 - Vacation Hours, No Diff		1.00	8.00	
Tue	8/25	Submitted									0.00	
Wed	8/26	Submitted									0.00	
Thu	8/27	Submitted									0.00	
Fri	8/28	Submitted									0.00	
Sat	8/29	New									0.00	

	Balance
SD - Sick	5.44
VA - Vacation	10.00
SF - Time Off	
SG - Compensatory Travel Leave	
SH - Compensatory Leave	

ENCLOSURE (14)

Favorites Main Menu Manager Self Service Time Management Report Time Timesheet

Timesheet [redacted]

Company: IWM
Empl ID: [redacted]
Last Start Dt: 11/23/2009
F/P/T: Full-Time
Job Title: [redacted]
Empl Rcd: 0
FLSA Status: Exempt
Grade: [redacted]

View By: Calendar Period
Date: 07/26/2015

Reported Hours: 80.00
Scheduled Hours: 80.00

Previous Period | Next Period
Previous Employee | Multi Employee

Reported time on or before 01/09/2016 is for a prior period.

	Date	Status	In	Out	Punch Total	Time Reporting Code	Quantity	Sched Hrs	Override Reason	PS Department Override
	Sun 7/26	New						0.00		
	Mon 7/27	Submitted				WG - Regular Hours, No Diff	8.00	8.00		
	Tue 7/28	Submitted				WG - Regular Hours, No Diff	8.00	8.00		
	Wed 7/29	Submitted				WG - Regular Hours, No Diff	8.00	8.00		
	Thu 7/30	Submitted				WG - Regular Hours, No Diff	8.00	8.00		
	Fri 7/31	Submitted						0.00		
	Sat 8/1	New						0.00		
	Sun 8/2	New				WG - Regular Hours, No Diff	8.00	8.00		
	Mon 8/3	Submitted				WG - Regular Hours, No Diff	8.00	8.00		
	Tue 8/4	Submitted				WG - Regular Hours, No Diff	8.00	8.00		
	Wed 8/5	Submitted				VG - Vacation Hours, No Diff	8.00	8.00		
	Thu 8/6	Submitted				WG - Regular Hours, No Diff	8.00	8.00		
	Fri 8/7	Submitted						0.00		
	Sat 8/8	New								

0

Type	Current Balance
50 - Sick	5.44
51 - Vacation	10.02
52 - Comp Off	
53 - Compensatory Travel Leave	
54 - Compensatory Leave	

Time Reporting Code Balances

ENCLOSURE (4)

Favorites Main Menu Manager Self Service Time Management Report Time Timesheet

Timesheet [redacted]

Company: IWM | Empl ID: [redacted] | Last Start Dt: 11/23/2009 | FIPO/: Full-Time

Job Title: [redacted] | Empl Rcd: 0 | FLSA Status: Exempt | Grade: [redacted]

*View By: Calendar Period

*Date: 07/12/2015

Reported Hours: 80.00

Scheduled Hours: 80.00

Reported time on or before 01/09/2016 is for a prior period.

Day	Date	Status	In	Lunch	In	Out	Punch Total	Time Reporting Code	Quantity	Reported Hrs	Override Reason	HR Exception/Comments
Sun	7/12	New								0.00		
Mon	7/13	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Tue	7/14	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Wed	7/15	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Thu	7/16	Submitted						S0 - Sick Hours, No Diff	8.00	8.00		
Fri	7/17	Submitted						V0 - Vacation Hours, No Diff	8.00	8.00		
Sat	7/18	New								0.00		
Sun	7/19	New								0.00		
Mon	7/20	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Tue	7/21	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Wed	7/22	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Thu	7/23	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Fri	7/24	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Sat	7/25	New								0.00		

[illegible]

[illegible]

0

[illegible]	[illegible] Balance
[illegible] Sick	5.44
[illegible] Vacation	19.08
[illegible] Time Off	
[illegible] Compensatory Travel Leave	
[illegible] Compensatory Leave	

[illegible]

[illegible]

[illegible]

ENCLOSURE (14)

Favorites Main Menu Manager Self Service Time Management Report Time Timesheet

Timesheet [redacted]

Company IWM Empl ID [redacted] Last Start Dt 11/23/2009 FT/PT Full-Time

Job Title [redacted] Empl Rcd 0 FLSA Status Exempt Grade [redacted]

*View By: Calendar Period

*Date 06/28/2015 Reported Hours: 80.00 Previous Period Last Period

Scheduled Hours: 80.00 Previous Employee Next Employee

Reported time on or before 01/09/2016 is for a prior period.

	Day	Date	Status	In	Out	Branch To Do	Time Reporting Code	Quantity	Sched Hrs	Override Reason	WS Exception Comments
	Sun	6/28	New						0.00		
	Mon	6/29	Submitted				W0 - Regular Hours, No Diff		8.00	8.00	
	Tue	6/30	Submitted				W0 - Regular Hours, No Diff		7.00	8.00	
			Submitted				S0 - Sick Hours, No Diff	1.00		8.00	
	Wed	7/1	Submitted				W0 - Regular Hours, No Diff	7.50		8.00	
			Submitted				S0 - Sick Hours, No Diff	0.50		8.00	
	Thu	7/2	Submitted				W0 - Regular Hours, No Diff		7.00	8.00	
			Submitted				A0 - Admin Hours, No Diff		1.00	8.00	
			Submitted				H0 - Holiday Hours (not worked), No	8.00		8.00	
	Fri	7/3	Submitted							0.00	
	Sat	7/4	New							0.00	
	Sun	7/5	New				V0 - Vacation Hours, No Diff	6.00		8.00	
	Mon	7/6	Submitted				V0 - Vacation Hours, No Diff	1.50		8.00	
	Tue	7/7	Submitted				W0 - Regular Hours, No Diff	6.50		8.00	
			Submitted				W0 - Regular Hours, No Diff		8.00	8.00	
	Wed	7/8	Submitted				W0 - Regular Hours, No Diff		8.00	8.00	
			Submitted				W0 - Regular Hours, No Diff		8.00	8.00	
	Thu	7/9	Submitted				W0 - Regular Hours, No Diff		8.00	8.00	
			Submitted							0.00	
	Fri	7/10	Submitted								
	Sat	7/11	New								

Plan	Current Balance
30 - FLSA	7.44
51 - Vacation	16.00
60 - Time Off	
62 - Compensation Travel Leave	
63 - Compensatory Leave	

ENCLOSURE (4)

Favorites Main Menu Manager Self Service Time Management Report Time Timesheet

Timesheet [redacted]

Company	IWM	Empl ID:	[redacted]	Last Start Dt:	11/23/2009
Job Title	[redacted]	Empl Rcd:	0	FLSA Status:	Exempt
F/P/X:	Full-Time	Grade:	[redacted]		

*View By: Calendar Period

*Date: 06/14/2015

Reported Hours: 60.00

Scheduled Hours: 80.00

Previous Period · Next Period

Previous Employee · Next Employee

Reported time on or before 04/09/2016 is for a prior period.

	Day	Date	Status	In	Lunch	In	Out	Punch Total
	Sun	6/14	New					
	Mon	6/15	Submitted					
	Tue	6/16	Submitted					
	Wed	6/17	Submitted					
	Thu	6/18	Submitted					
	Fri	6/19	Submitted					
	Sat	6/20	New					
	Sun	6/21	New					
	Mon	6/22	Submitted					
	Tue	6/23	Submitted					
	Wed	6/24	Submitted					
			Submitted					
	Thu	6/25	Submitted					
			Submitted					
	[illegible]	[illegible]	Submitted					
	[illegible]	[illegible]	New					

Time Reporting Code	Quantity	Sched Hrs	Override Reason	HR Department Override
		0.00		
W0 - Regular Hours, No Diff	8.00	8.00		
W0 - Regular Hours, No Diff	8.00	8.00		
W0 - Regular Hours, No Diff	8.00	8.00		
W0 - Regular Hours, No Diff	8.00	8.00		
W0 - Regular Hours, No Diff	8.00	8.00		
		0.00		
		0.00		
W0 - Regular Hours, No Diff	8.00	8.00		
W0 - Regular Hours, No Diff	8.00	8.00		
W0 - Regular Hours, No Diff	6.00	8.00		
S0 - Sick Hours, No Diff	2.00	8.00		
W0 - Regular Hours, No Diff	4.50	8.00		
S0 - Sick Hours, No Diff	3.50	8.00		
W0 - Regular Hours, No Diff	8.00	8.00		
		0.00		

	Balance
PS - Sick	6.44
PA - Vacation	10.08
SE - Time Off	
SC - Compensatory Travel Leave	
SU - Compensatory Leave	

ENCLOSURE 14

Favorites Main Menu Manager Self Service Time Management Report Time Timesheet

Timesheet [redacted]

Company: PMM | Empl ID: [redacted] | Last Start Dt: 11/23/2009 | FT/PT: Full-Time

Job Title: [redacted] | Empl Rcd: 0 | FLSA Status: Exempt | Grade: [redacted]

*View By: Calendar Period

*Date: 05/31/2015

Reported Hours: 80.00

Scheduled Hours: 80.00

Previous Period | Next Period

Previous Employee | Next Employee

Reported time on or before 01/09/2016 is for a prior period.

	Date	Status	In	Lunch	In	Out	Punch Total	Time Reporting Code	Quantity	Comp Rate	Overtime Premium	Job Employment Currently
Sun	5/31	New								0.00		
Mon	6/1	Submitted						VO - Regular Hours, No Diff	8.00	8.00		
Tue	6/2	Submitted						VO - Vacation Hours, No Diff	8.00	8.00		
Wed	6/3	Submitted						VO - Vacation Hours, No Diff	8.00	8.00		
Thu	6/4	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Fri	6/5	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
										0.00		
Sat	6/6	New								0.00		
Sun	6/7	New						W0 - Regular Hours, No Diff		8.00	8.00	
Mon	6/8	Submitted						W0 - Regular Hours, No Diff		8.00	8.00	
Tue	6/9	Submitted						W0 - Regular Hours, No Diff		8.00	8.00	
Wed	6/10	Submitted						W0 - Regular Hours, No Diff		8.00	8.00	
Thu	6/11	Submitted						W0 - Regular Hours, No Diff		8.00	8.00	
										0.00		
Fri	6/12	Submitted										
Sat	6/13	New										

0

	Current Balance
Sick	6.00
Vacation	0.00
Time Off	
Compensatory Time Off Earned	
Compensatory Leave	

ENCLOSURE (4)

Favorites Main Menu Manager Self Service Time Management Report Time Timesheet

Timesheet [redacted]

Company: [redacted] Empl ID: [redacted] Last Start Dt.: 11/23/2009 FP/PZ: Full-Time

Job Title: [redacted] Empl Rcd: 0 FLSA Status: Exempt Grade: [redacted]

*View By: Calendar Period

*Date: 05/08/2015

Reported Hours: 80.00 Previous Period Next Period

Scheduled Hours: 80.00 Previous Employee Next Employee

Reported time on or before 01/09/2016 is for a prior period

Type	Date	Status	In	Lunch	In	Out	Punch Total	Time Reporting Code	Quantity	Sched Hrs	Override Reason	HR Department Override
Sun	5/3	Submitted						W0 - Regular Hours, No Diff		8.50	0.00	509404
Mon	5/4	Submitted						W0 - Regular Hours, No Diff		0.00	8.50	
Tue	5/5	Submitted						S0 - Sick Hours, No Diff		7.50	8.00	
Wed	5/6	Submitted						W0 - Regular Hours, No Diff		8.00	8.00	
Thu	5/7	Submitted						W0 - Regular Hours, No Diff		8.00	8.00	
Fri	5/8	Submitted						W0 - Regular Hours, No Diff		8.00	8.00	
											0.00	
Sat	5/9	New									0.00	
Sun	5/10	New						S0 - Sick Hours, No Diff		8.00	8.00	
Mon	5/11	Submitted						S0 - Sick Hours, No Diff		7.60	8.00	
Tue	5/12	Submitted						V0 - Vacation Hours, No Diff		8.31	8.00	
		Submitted						W0 - Regular Hours, No Diff		8.00	8.00	
Wed	5/13	Submitted						W0 - Regular Hours, No Diff		8.00	8.00	
Thu	5/14	Submitted						W0 - Regular Hours, No Diff		8.00	8.00	
											0.00	
Fri	5/15	Submitted										
Sat	5/16	New										

Time Reporting Code

E0 - Sick

V0 - Vacation

W0 - Regular

C0 - Compensatory Travel Leave

O0 - Compensatory Leave

Personalize Page

Add to My Favorites

Return to Search Previous in List

ENCLOSURE (14)

Favorites Main Menu Manager Self Service Time Management Report Time Timesheet

Timesheet [redacted]

Company: MM Empl ID: [redacted] Last Start Dt: 11/23/2009 FT/PT: Full-Time

Job Title: [redacted] Empl Rcd: 0 FLSA Status: Exempt Grade: [redacted]

*View By: Calendar Period

*Date: 04/19/2015

Reported Hours: 80.00 Previous Period Next Period

Scheduled Hours: 80.00 Previous Employee Next Employee

Reported time on or before 01/09/2016 is for a prior period.

Day	Date	Status	In	Lunch	In	Out	Punch Total	Time Reporting Code	Quantity	Sched Hrs	Override Reason	HR Department Override
Sun	4/19	New								0.00		
Mon	4/20	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Tue	4/21	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Wed	4/22	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Thu	4/23	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Fri	4/24	Submitted						W0 - Regular Hours, No Diff	5.50	8.00		
		Submitted						A0 - Admin Hours, No Diff	1.00	8.00		
		Submitted						V0 - Vacation Hours, No Diff	1.50	8.00		
										8.00		
										0.00		
Sat	4/25	New						W0 - Regular Hours, No Diff		8.00	8.00	
Sun	4/26	New						W0 - Regular Hours, No Diff		8.00	8.00	
Mon	4/27	Submitted						W0 - Regular Hours, No Diff		8.00	8.00	
Tue	4/28	Submitted						W0 - Regular Hours, No Diff		8.00	8.00	
Wed	4/29	Submitted						W0 - Regular Hours, No Diff		8.00	8.00	
Thu	4/30	Submitted						V0 - Vacation Hours, No Diff		2.00	8.00	
Fri	5/1	Submitted									0.00	
		Submitted										
	5/2	New										

[redacted]

0

	Current Balance
50 - Sick	5.44
51 - Vacation	10.00
55 - Time Off	
5Q - Compensatory Travel Leave	
5U - Compensatory Leave	

[redacted]

ENCLOSURE (14)

Favorites Main Menu Manager Self Service Time Management Report Time Timesheet

Timesheet [redacted]

Company: IWM
Empl ID: [redacted]
Last Start Dt: 11/23/2009
F/P/X: Full-Time
Job Title: [redacted]
Empl Rcd: 0
FLSA Status: Exempt
Grade: [redacted]

*View By: Calendar Period
*Date: 01/25/2015
Reported Hours: 30.00
Scheduled Hours: 80.00

Reported time on or before 01/09/2016 is for a prior period.

Day	Date	Status	In	Lunch	In	Out	Punch Total	Time Reporting Code	Quantity	Select Hrs	Override Reason	HR Department Override
Sun	1/25	New								0.00		
Mon	1/26	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Tue	1/27	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Wed	1/28	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Thu	1/29	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Fri	1/30	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
										0.00		
Sat	1/31	New								0.00		
Sun	2/1	New						S0 - Sick Hours, No Diff	8.00	8.00		
Mon	2/2	Submitted						V0 - Vacation Hours, No Diff	4.00	8.00		
		Submitted						W0 - Regular Hours, No Diff	1.00	8.00		
		Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Tue	2/3	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Wed	2/4	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Thu	2/5	Submitted								0.00		
Fri	2/6	Submitted										
		New										

Plan	Current Balance
50 - Unpaid	5.44
51 - Vacation	10.00
5P - Time Off	
5Q - Compensatory Travel Leave	
5U - Compensatory Leave	

ENCLOSURE (14)

Favorites Main Menu Manager Self Service Time Management Report Time Timesheet

Timesheet [redacted]

Company: IWM
Empl ID [redacted]
Last Start Dt. 11/23/2009
F/P/X: Full-Time
Job Title [redacted]
Empl Rcd 0
FLSA Status: Exempt
Grade: [redacted]

*View By: Calendar Period
*Date 01/11/2015
Reported Hours: 80.00
Scheduled Hours: 80.00
Previous Period Next Period
Previous Employee Next Employee

Reported time on or before 01/09/2016 is for a prior period.

Day	Date	Status	In	Lunch	In	Out	Punch Total	Time Reporting Code	Quantity	Sched Hrs	Override Reason	RS Department Override
Sun	1/11	New								0.00		
Mon	1/12	Submitted					M	W0 - Regular Hours, No Diff	8.00	8.00		
Tue	1/13	Submitted					T	S0 - Sick Hours, No Diff	4.00	8.00		
		Submitted						V0 - Vacation Hours, No Diff	4.00	8.00		
Wed	1/14	Submitted					W	V0 - Vacation Hours, No Diff	8.00	8.00		
Thu	1/15	Submitted					TH	W0 - Regular Hours, No Diff	4.00	0.00		
		Submitted						LII - Leave Without Pay		2.04	8.00	
		Submitted						S0 - Sick Hours, No Diff		0.39	8.00	
		Submitted						V0 - Vacation Hours, No Diff		1.07	8.00	
		Submitted					F	LII - Leave Without Pay		8.00	8.00	
											0.00	
Fri	1/16	Submitted									0.00	
Sat	1/17	New						H0 - Holiday Hours (not worked), No		8.00	8.00	
Sun	1/18	New						W0 - Regular Hours, No Diff		8.00	8.00	
Mon	1/19	Submitted						W0 - Regular Hours, No Diff		8.00	8.00	
Tue	1/20	Submitted						LII - Leave Without Pay		8.00	8.00	
Wed	1/21	Submitted						W0 - Regular Hours, No Diff		8.00	8.00	
Thu	1/22	Submitted									0.00	
Fri	1/23	Submitted										
Sat	1/24	New										

	Current Balance
SKA	5.44
Vacation	10.00
Floor Call	
Compensatory Travel Leave	
Compensation Leave	

ENCLOSURE (4)

Favorites Main Menu Manager Self Service Time Management Report Time Timesheet

Timesheet [redacted]

Company	IWM	Empl ID:	[redacted]	Last Start Dt:	11/23/2009	F/P/X:	Full-Time
Job Title	[redacted]	Empl Rcd:	0	FLSA Status:	Exempt	Grade:	[redacted]

*View By: Calendar Period

*Date: 12/28/2014

Reported Hours: 80.00

Scheduled Hours: 80.00

Previous Period Next Period

Previous Employee Next Employee

Reported time on or before 01/09/2016 is for a prior period.

Day	Date	Status	In	Lunch	In	Out	Punch Total	Time Reporting Code	Quantity	Sched Hrs	Override Reason	HR Department Override
Sun	12/28	New								0.00		
Mon	12/29	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Tue	12/30	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Wed	12/31	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Thu	1/1	Submitted						H0 - Holiday Hours (not worked), No	8.00	8.00		
Fri	1/2	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Sat	1/3	New								0.00		
Sun	1/4	New								0.00		
Mon	1/5	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Tue	1/6	Submitted						S0 - Sick Hours, No Diff	7.00	8.00		
		Submitted						V0 - Vacation Hours, No Diff	1.00	8.00		
Wed	1/7	Submitted						V0 - Vacation Hours, No Diff	8.00	8.00		
Thu	1/8	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Fri	1/9	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Sat	1/10	New								0.00		

Forecasted Net Balance as of 01/09/2016 Leave Accrual

0

Plan	Current Balance
50 - Sick	5.44
51 - Vacation	10.00
5F - Para CS	
5Q - Compensatory Travel Leave	
5U - Compensatory Leave	

ENCLOSURE (14)

Favorites Main Menu Manager Self Service Time Management Report Time Timesheet

Timesheet [redacted]

Company	IWM	Empl ID.	[redacted]	Last Start Dt	11/23/2009
Job Title	[redacted]	Empl Rcd	0	FLSA Status:	Exempt
F/P/X.	Full-Time	Grade.	[redacted]		

*View By: Calendar Period

*Date: 03/08/2015

Reported Hours: 80.00

Scheduled Hours: 80.00

Previous Period Next Period

Previous Employee Next Employee

Reported time on or before 01/09/2016 is for a prior period.

Day	Date	Status	In	Lunch	In	Out	Punch Total	Time Reporting Code	Quantity	Schd Hrs	Override Reason	HF Department Comments
Sun	3/8	New								0.00		
Mon	3/9	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Tue	3/10	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Wed	3/11	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Thu	3/12	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Fri	3/13	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Sat	3/14	New								0.00		
Sun	3/15	New								0.00		
Mon	3/16	Submitted						W0 - Regular Hours, No Diff	1.00	8.00		
		Submitted						S0 - Sick Hours, No Diff	4.00	8.00		
		Submitted						V0 - Vacation Hours, No Diff	3.00	8.00		
Tue	3/17	Submitted						V0 - Vacation Hours, No Diff	8.00	8.00		
		Submitted						[illegible]	[illegible]	8.00		
		Submitted						[illegible]	[illegible]	8.00		
Thu	3/19	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Fri	3/20	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Sat	3/21	New								0.00		

[illegible]

0

Plan	Current Balance
[illegible] Sick	[illegible]
[illegible] - Vacation	10.03
[illegible] - Time Off	
[illegible] - Compensatory Travel Leave	
[illegible] - Compensatory Leave	

[illegible]

ENCLOSURE (4)

ENCLOSURE (5)

Jan – Dec 2015

Sick Leave (S0) / Vacation (V0) / Leave Without Pay (LN)

Jan	Feb	Mar	Apr	May	Jun
S0 ..... 11.89	S0 ..... 3.0	S0 ..... 10.0	S0 ..... 0.0	S0 .....27.69	S0 ..... 6.5
V0 ..... 22.07	V0 ..... 4.0	V0 ..... 17.0	VO 13.5	V0 ..... 5.81	V0 ..... 16.0
..... 18.04	LN 0.0	LN 0.0	LN 0.0	LN 0.0	LN 0.0
Total: 52 hrs	Total : 7 hrs	Total : 27 hrs * Absent w/out leave reflected on time sheet (8 hrs)	Total : 13.5 hrs	Total : 33.5 hrs	Total : 22.5 hrs

Jul	Aug	Sep	Oct	Nov	Dec
S0 ..... 8.5	S0 .....13.0	S0 ..... 3.77	S0 ..... 12.03	S0 ..... 10.89	S0 ..... 3.16
V0 ..... 17.5	V0 ..... 14.24	V0 ..... 4.23	V0 ..... 23.44	V0 ..... 18.27	V0 ..... 10.5
LN 0.0	LN 4.76	LN 0.0	LN 0.59	LN 22.84	LN 17.34
Total : 26 hrs	Total : 32 hrs	Total : 8 hrs	Total : 36.06 hrs	Total : 52 hrs	Total : 31 hrs

ENCLOUSRE (15)

ANNUAL GRAND TOTAL :

S0 . . . . . 110.43 hrs

V0 . . . . . 166.56 hrs

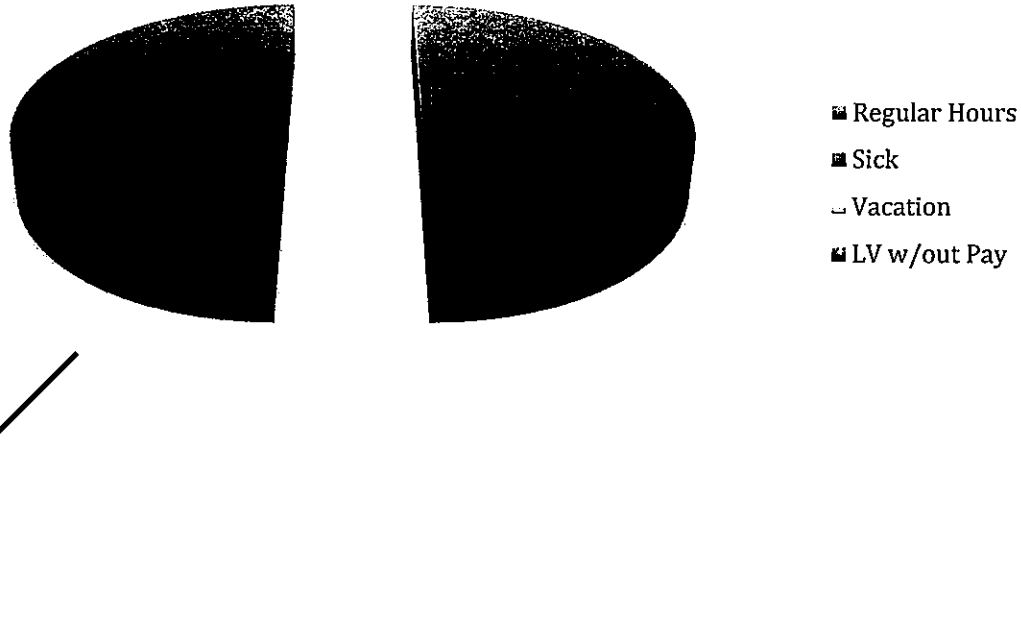
LN . . . . . 63.57 hrs

340.56 hrs — 42.5 days

Percentage Breakdown per Timesheet

ENCLOUSRE (5)

Percentage Breakdown per Witness Observations



Time observed by witnesses of [redacted] not at work, but timesheets reflect credited time & salary.

*Figures are approximate.

WAKUNI BRANCH MEDICAL CLINIC 03 Aug 2015 1344 Page: 1
Personal Data - Privacy Act of 1974 (PL 93-579)

SPONSOR NAME: [redacted]

BILLING NAME: [redacted]
BILL ADDRESS:
FPO AP 96310-0016

PATIENT NAME: [redacted]
ACCOUNT NO:
SERVICE DATE: 27 Mar 2015@0842 ✓ TOTAL CHARGES: $63.53

---------- CHARGES ----------

Svc	Code	Description	Qty	Svc Date	Sales	Charges
LAB	82465-00	[redacted]	1	27 Mar 2015	IOR	5.76
LAB	89240-00		2	27 Mar 2015	IOR	37.30
PHR	I496919		100	27 Mar 2015	IOR	5.00
OTC			1	27 Mar 2015	VR3	15.47

---------- INVOICES & RECEIPTS ----------

DATE	PAYMENT	TYPE PAY	CHECK NO.	CTRL NO.	BALANCE
13 Apr 2015	0.00			15-2206	154.42
03 Aug 2015	0.00			15-3516	48.06*
03 Aug 2015	0.00			15-3517	63.53*

* Recalculated charges

ENCLOSURE (17)

IWAKUNI BRANCH MEDICAL CLINIC 03 Aug 2015 1317 Page: 1
Personal Data - Privacy Act of 1974 (PL 93-579)

SPONSOR NAME: [redacted]

BILLING NAME: [redacted]
BILL ADDRESS:
FPO AP 96310-0016

PATIENT NAME: [redacted]
ACCOUNT NO:
SERVICE DATE: 26 Mar 2015@0800 TOTAL CHARGES: $99.61

---------- CHARGES ----------

Svc	Code	Description	Qty	Svc Date	Sales	Charges
OPE	99214-25	[redacted]	1	26 Mar 2015	IOR	86.16
OPE	93000		1	26 Mar 2015	IOR	13.45

---------- INVOICES & RECEIPTS ----------

DATE	PAYMENT	TYPE PAY	CHECK NO.	CTRL NO.	BALANCE
03 May 2015	0.00			15-2597	99.61

ENCLOSURE (7)

Personal Data - Privacy Act of 1974 (PL 93-579)

SPONSOR NAME: [redacted]

BILLING NAME: [redacted]
BILL ADDRESS:
FPO AP 96310-0016

PATIENT NAME: [redacted]
ACCOUNT NO:
SERVICE DATE: 18 Mar 2015@0853 ✓ TOTAL CHARGES: $27.72

---------- CHARGES ----------

Svc	Code	Description	Qty	Svc Date	Sales	Charges
PHR	I496119	[redacted]	30	18 Mar 2015	IOR	6.80
PHR	I496120		473	18 Mar 2015	IOR	20.92

---------- INVOICES & RECEIPTS ----------

DATE	PAYMENT	TYPE PAY	CHECK NO.	CTRL NO.	BALANCE
04 Apr 2015	0.00			15-2087	27.72

ENCLOSURE (17)

Favorites Main Menu Manager Self Service Time Management Report Time Timesheet

Timesheet [redacted]

Company: [redacted] Empl ID: [redacted] Last Start Dt: 11/23/2009 FT/PT: Full-Time

Job Title: [redacted] Empl Rcd: 0 FLSA Status: Exempt Grade: [redacted]

View By: Calendar Period

Date: 02/23/2015

Reported Hours: 80.00 Previous Period Next Period

Scheduled Hours: 80.00 Previous Period Next Period

Reported time on or before 01/09/2016 is for a prior period

Day	Date	Status	In	Lunch	In	Out	Punch Total	Time Reporting Code	Quantity	Sched Hrs	Override Reason	HR Administrator Override
Sun	2/22	New								0.00		
Mon	2/23	Submitted						WD - Regular Hours, No Diff	8.00	8.00		
Tue	2/24	Submitted						WD - Regular Hours, No Diff	8.00	8.00		
Wed	2/25	Submitted						WD - Regular Hours, No Diff	8.00	8.00		
Thu	2/26	Submitted						WD - Regular Hours, No Diff	8.00	8.00		
Fri	2/27	Submitted								0.00		
Sat	2/28	New								0.00		
Sun	3/1	New								0.00		
Mon	3/2	Submitted						WD - Regular Hours, No Diff	8.00	8.00		
Tue	3/3	Submitted						WD - Regular Hours, No Diff	8.00	8.00		
Wed	3/4	Submitted						WD - Regular Hours, No Diff	8.00	8.00		
Thu	3/5	Submitted						WD - Regular Hours, No Diff	8.00	8.00		
Fri	3/6	Submitted								0.00		

9

	5.44
	16.00

SF - Sick Off

SQ - Compensatory Travel Leave

SU - Compensatory Leave

ENCLOSURE (14)

Timesheet [redacted]

Company: IMM

Empl ID: [redacted]

Last Start Dt: 11/23/2009

F/P/X: Full-Time

Job Title: [redacted]

Empl Rcd: 0

FLSA Status: Exempt

Grade: [redacted]

View By: Calendar Period

Reported Hours: 80.00

Previous Period Next Period

Date: 11/15/2015

Scheduled Hours: 80.00

Previous Employee Next Employee

Reported time on or before 01/09/2016 is for a prior period.

Day	Date	Status	In	Lunch	In	Out	Punch Total	Time Reporting Code	Quantity	Sched Hrs	Override Reason	HR Department Override
Sun	11/15	New								0.00		
Mon	11/16	Submitted					M	W0 - Regular Hours, No Diff	8.00	8.00		
Tue	11/17	Submitted					T	S0 Sick Hours, No Diff	3.99	8.00		
		Submitted					W	V0 Vacation Hours, No Diff	4.01	8.00		
Wed	11/18	Submitted					TH	V0 - Vacation Hours, No Diff	1.99	8.00		
		Submitted					F	LN - Leave Without Pay	6.01	8.00		
Thu	11/19	Submitted					F	W0 - Regular Hours, No Diff	8.00	8.00		
	11/20	Submitted						W0 - Regular Hours, No Diff	7.00	8.00		
		Submitted						A0 - Admin Hours, No Diff	1.00	8.00	MC Ball/59 minute rule	
Sat	11/21	New								0.00		
Sun	11/22	New								0.00		
Mon	11/23	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Tue	11/24	Submitted						W0 - Regular Hours, No Diff	8.00	8.00		
Wed	11/25	Submitted						LT - Leave Without Pay	8.00	8.00		
Thu	11/26	Submitted						H0 Holiday Hours (not worked), No	8.00	8.00		
Fri	11/27	Submitted						LN - Leave Without Pay	8.00	8.00		
Sat	11/28	New								0.00		

Estimated Use/Lose as of 01/09/2016 Leave Accrual

0

Plan	Current Balance
50 Sick	5.44
51 Vacation	10.08
5P Time Off	
5G - Compensatory Travel Leave	
5U - Compensatory Leave	

Manager Self Service

Time Management

Return to Select Employee

ENCLOSURE (14)

DISPLAY PATIENT APPOINTMENTS

Personal Data - Privacy Act of 1974 (PL 93-579)

PAST APPOINTMENT FOR [redacted] 20/0251 DoD ID: 1154765715

CLINIC/DIV	PROVIDER	DATE/TIME	TYPE/DUR DTL CODES	STATUS
FPC MEDICAL HOME IWA/BMCIWA	[redacted]	26Mar2015@0800	FTR/20 WEA	KEPT APPT
FPC MEDICAL HOME IWA/BMCIWA		27Mar2015@1205	T-CON*/15	TEL-CNSLT
FPC MEDICAL HOME IWA/BMCIWA		10Apr2015@0820	FTR/20 WEA	KEPT APPT
OPTOMETRY - IWAKUNI/BMCIWA		15Sep2015@0940	SPEC/20	KEPT APPT
IMMUNIZATIONS - IWAK/BMCIWA		20Nov2015@0944	PROC$/10	WALK-IN

ENCLOSURE (7)

Request for Leave or Approved Absence

1. Name *(Last, first, middle)*	2. Employee or Social Security Number
[redacted]	16580

3. Organization

P&C

4. Type of Leave/Absence

Check appropriate box(es) and enter date and time below	Date From	Date To	Time From	Time To	Total Hours
☑ Accrued annual leave	12/28/15	12/28/15	0800	1345	5.75
☐ Restored annual leave					
☐ Advance annual leave					
☐ Accrued sick leave					
☐ Advance sick leave					
☑ Compensatory time off	12/28/15	12/28/15	1445	1545	1.00
☐ Other paid absence *(specify in remarks)*					
☑ Leave without pay	12/28/15	12/28/15	1545	1700	1.25

Purpose:
- ☐ Illness/injury/incapacitation of requesting employee
- ☐ Medical/dental/optical examination of requesting employee
- ☐ Care of family member, including medical/dental/optical examination of family member, or bereavement
- ☐ Care of family member with a serious health condition
- ☐ Other

5. Family and Medical Leave

If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please provide the following information:

- ☐ I hereby invoke my entitlement to family and medical leave for:
  - ☐ Birth/Adoption/Foster care
  - ☐ Serious health condition of spouse, son, daughter, or parent
  - ☐ Serious health condition of self

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency.

6. Remarks

Previously scheduled leave. Changed from 12/31 [redacted]

7. **Certification:** I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

7a. [redacted]	7b. Date signed 12/29/15

8a. Official action on request ☒ Approved ☐ Disapproved *(If disapproved, give reason. If annual leave, initiate action to reschedule.)*

8b. Reason for disapproval

8c. Sign[redacted]	8d. Date signed 12/29/15

Privacy Act Statement

Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

Request for Leave or Approved Absence

1. Name *(Last, first, middle)* [redacted]

2. Employee or Social Security Number [redacted]

3. Organization

P&C

4. **Type of Leave/Absence**

Check appropriate box(es) and enter date and time below)	Date From	Date To	Time From	Time To	Total Hours
☑ Accrued annual leave	10/16/15	10/16/15	1530	1700	1.50
☐ Restored annual leave					
☐ Advance annual leave					
☐ Accrued sick leave					
☐ Advance sick leave					

Purpose:
- ☐ Illness/injury/incapacitation of requesting employee
- ☐ Medical/dental/optical examination of requesting employee
- ☐ Care of family member, including medical/dental/optical examination of family member, or bereavement
- ☐ Care of family member with a serious health condition
- ☐ Other

☐ Compensatory time off					
☐ Other paid absence *(specify in remarks)*					
☐ Leave without pay					

5. **Family and Medical Leave**

If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please provide the following information:

☐ I hereby invoke my entitlement to family and medical leave for:
- ☐ Birth/Adoption/Foster care
- ☐ Serious health condition of spouse, son, daughter, or parent
- ☐ Serious health condition of self

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency.

6. Remarks

7. **Certification:** I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

7a. Employ [redacted]

7b. Date signed 10/16/15

8a. Official [redacted] ☑ Approved ☐ Disapproved *(If disapproved, give reason. If annual leave, initiate action to reschedule.)*

8b. Reason for disapproval

8c. Signatu [redacted]

8d. Date signed 10/16/15

Privacy Act Statement

Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

Request for Leave or Approved Absence

1. Name *(Last, first, middle)* [redacted]

2. Employee or Social Security Number [redacted]

3. Organization

P&C

4. **Type of Leave/Absence**

Check appropriate box(es) and enter date and time below)	Date From	Date To	Time From	Time To	Total Hours
☑ Accrued annual leave	9/11/15	9/11/15	1500	1700	2.00
☐ Restored annual leave					
☐ Advance annual leave					
☐ Accrued sick leave					
☐ Advance sick leave					

Purpose:
- ☐ Illness/injury/incapacitation of requesting employee
- ☐ Medical/dental/optical examination of requesting employee
- ☐ Care of family member, including medical/dental/optical examination of family member, or bereavement
- ☐ Care of family member with a serious health condition
- ☐ Other

☐ Compensatory time off					
☐ Other paid absence *(specify in remarks)*					
☐ Leave without pay					

5. **Family and Medical Leave**

If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please provide the following information:

☐ I hereby invoke my entitlement to family and medical leave for:

- ☐ Birth/Adoption/Foster care
- ☐ Serious health condition of spouse, son, daughter, or parent
- ☐ Serious health condition of self

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency.

6. Remarks

7. **Certification:** I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

7a. Em [redacted]

7b. Date signed 9/15/15

8a. Official action on request ☑ Approved ☐ Disapproved *(If disapproved, give reason. If annual leave, initiate action to reschedule.)*

8b. Reason for disapproval

8c. Signat [redacted]

8d. Date signed 11 Sept 15

Privacy Act Statement

Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

Request for Leave or Approved Absence

1. Name *(Last, first, middle)* [redacted]

2. Employee or Social Security Number [redacted]

3. Organization

P&C

4. **Type of Leave/Absence**

Check appropriate box(es) and enter date and time below)	Date From	Date To	Time From	Time To	Total Hours
☑ Accrued annual leave	7/7/15	7/7/15	1530	1700	1.50
☐ Restored annual leave					
☐ Advance annual leave					
☐ Accrued sick leave					
☐ Advance sick leave					
☐ Compensatory time off					
☐ Other paid absence *(specify in remarks)*					
☐ Leave without pay					

Purpose:
- ☐ Illness/injury/incapacitation of requesting employee
- ☐ Medical/dental/optical examination of requesting employee
- ☐ Care of family member, including medical/dental/optical examination of family member, or bereavement
- ☐ Care of family member with a serious health condition
- ☐ Other

5. **Family and Medical Leave**

If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please provide the following information:

- ☐ I hereby invoke my entitlement to family and medical leave for:
  - ☐ Birth/Adoption/Foster care
  - ☐ Serious health condition of spouse, son, daughter, or parent
  - ☐ Serious health condition of self

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency.

6. Remarks

7. **Certification:** I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

7a [redacted]

7b. Date signed 7/7/15

8a. Official action on request ☒ Approved ☐ Disapproved *(If disapproved, give reason. If annual leave, initiate action to reschedule.)*

8b. Reason for disapproval

8c. Signat[redacted]

8d. Date signed 07/07/15

Privacy Act Statement

Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

Request for Leave or Approved Absence

1. Name *(Last, first, middle)* [redacted]

2. Employee or Social Security Number [redacted]

3. Organization

P&C

4. **Type of Leave/Absence**

Check appropriate box(es) and enter date and time below)	Date From	Date To	Time From	Time To	Total Hours
☐ Accrued annual leave	6/30/15	6/30/15	1030	1130	1.00
☐ Restored annual leave	7/1/15	7/1/15	0800	0900	1.00
☐ Advance annual leave					
☑ Accrued sick leave					
☐ Advance sick leave					

Purpose:
- ☐ Illness/injury/incapacitation of requesting employee
- ☐ Medical/dental/optical examination of requesting employee
- ☑ Care of family member, including medical/dental/optical examination of family member, or bereavement
- ☐ Care of family member with a serious health condition
- ☐ Other

☐ Compensatory time off					
☐ Other paid absence *(specify in remarks)*					
☐ Leave without pay					

5. **Family and Medical Leave**

If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please provide the following information:

☐ I hereby invoke my entitlement to family and medical leave for:
- ☐ Birth/Adoption/Foster care
- ☐ Serious health condition of spouse, son, daughter, or parent
- ☐ Serious health condition of self

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency.

6. Remarks

7. **Certification:** I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

7a [redacted]

7b. Date signed 7/6/15

8a. Official action on request ☒ Approved ☐ Disapproved *(If disapproved, give reason. If annual leave, initiate action to reschedule.)*

8b. Reason for disapproval

8c. Signa [redacted]

8d. Date signed 7/7/15

Privacy Act Statement

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Request for Leave or Approved Absence

1. Name *(Last, first, middle)* [redacted]

2. Employee or Social Security Number [redacted]

3. Organization

P&C

4. Type of Leave/Absence

Check appropriate box(es) and enter date and time below)	Date From	Date To	Time From	Time To	Total Hours
☐ Accrued annual leave					
☐ Restored annual leave					
☐ Advance annual leave					
☑ Accrued sick leave	6/25/15	6/25/15	0800	1130	3.50
☐ Advance sick leave					
☐ Compensatory time off					
☐ Other paid absence *(specify in remarks)*					
☐ Leave without pay					

Purpose:

- ☐ Illness/injury/incapacitation of requesting employee
- ☐ Medical/dental/optical examination of requesting employee
- ☑ Care of family member, including medical/dental/optical examination of family member, or bereavement
- ☐ Care of family member with a serious health condition
- ☐ Other

5. Family and Medical Leave

If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please provide the following information:

- ☐ I hereby invoke my entitlement to family and medical leave for:
  - ☐ Birth/Adoption/Foster care
  - ☐ Serious health condition of spouse, son, daughter, or parent
  - ☐ Serious health condition of self

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency.

6. Remarks

7. **Certification:** I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

7a. E [redacted]

7b. Date signed 6/25/15

8a. Official action on request ☑ Approved ☐ Disapproved *(If disapproved, give reason. If annual leave, initiate action to reschedule.)*

8b. Reason for disapproval

8c. Signature [redacted]

8d. Date signed 25 June 15

Privacy Act Statement

Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.

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Request for Leave or Approved Absence

1. Name *(Last, first, middle)* [redacted]

2. Employee or Social Security Number [redacted]

3. Organization

P&C

4. Type of Leave/Absence

Check appropriate box(es) and enter date and time below)	Date From	Date To	Time From	Time To	Total Hours
☐ Accrued annual leave					
☐ Restored annual leave					
☐ Advance annual leave					
☑ Accrued sick leave	6/24/15	6/24/15	0800	1000	2.00
☐ Advance sick leave					
☐ Compensatory time off					
☐ Other paid absence *(specify in remarks)*					
☐ Leave without pay					

Purpose:
- ☐ Illness/injury/incapacitation of requesting employee
- ☐ Medical/dental/optical examination of requesting employee
- ☑ Care of family member, including medical/dental/optical examination of family member, or bereavement
- ☐ Care of family member with a serious health condition
- ☐ Other

5. Family and Medical Leave

If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please provide the following information:

☐ I hereby invoke my entitlement to family and medical leave for:
- ☐ Birth/Adoption/Foster care
- ☐ Serious health condition of spouse, son, daughter, or parent
- ☐ Serious health condition of self

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency.

6. Remarks

7. **Certification:** I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

7a. [redacted]

7b. Date signed 6/23/15

8a. Official action on request ☑ Approved ☐ Disapproved *(If disapproved, give reason. If annual leave, initiate action to reschedule.)*

8b. Reason for disapproval

8c. [redacted] d. Date signed 6/23/15

Pri[redacted]

Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.

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Request for Leave or Approved Absence

1. Name *(Last, first, middle)* [redacted]

2. Employee or Social Security Number [redacted]

3. Organization

P&C

4. **Type of Leave/Absence**

Check appropriate box(es) and enter date and time below)	Date From	Date To	Time From	Time To	Total Hours
☑ Accrued annual leave	7/6/15	7/6/15	0800	1700	8.00
☐ Restored annual leave					
☐ Advance annual leave					
☐ Accrued sick leave					
☐ Advance sick leave					

Purpose:
- ☐ Illness/injury/incapacitation of requesting employee
- ☐ Medical/dental/optical examination of requesting employee
- ☐ Care of family member, including medical/dental/optical examination of family member, or bereavement
- ☐ Care of family member with a serious health condition
- ☐ Other

☐ Compensatory time off					
☐ Other paid absence *(specify in remarks)*					
☐ Leave without pay					

5. **Family and Medical Leave**

If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please provide the following information:

☐ I hereby invoke my entitlement to family and medical leave for:

- ☐ Birth/Adoption/Foster care
- ☐ Serious health condition of spouse, son, daughter, or parent
- ☐ Serious health condition of self

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency.

6. Remarks

7. **Certification:** I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

7a. Em [redacted]

7b. Date signed 6/11/15

8a. Official action on request ☒ Approved ☐ Disapproved *(If disapproved, give reason. If annual leave, initiate action to reschedule.)*

8b. Reason for disapproval

8c. Signatur [redacted]

8d. Date signed 06/11/15

Privacy Act Statement

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Request for Leave or Approved Absence

1. Name *(Last, first, middle)* [redacted]

2. Employee or Social Security Number [redacted]

3. Organization

P&C

4. **Type of Leave/Absence**

Check appropriate box(es) and enter date and time below)	Date From	Date To	Time From	Time To	Total Hours
☑ Accrued annual leave	6/2/15	6/3/15	0800	1700	16.00
☐ Restored annual leave					
☐ Advance annual leave					
☐ Accrued sick leave					
☐ Advance sick leave					

Purpose:
- ☐ Illness/injury/incapacitation of requesting employee
- ☐ Medical/dental/optical examination of requesting employee
- ☐ Care of family member, including medical/dental/optical examination of family member, or bereavement
- ☐ Care of family member with a serious health condition
- ☐ Other

☐ Compensatory time off					
☐ Other paid absence *(specify in remarks)*					
☐ Leave without pay					

5. **Family and Medical Leave**

If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please provide the following information:

☐ I hereby invoke my entitlement to family and medical leave for:

- ☐ Birth/Adoption/Foster care
- ☐ Serious health condition of spouse, son, daughter, or parent
- ☐ Serious health condition of self

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency.

6. Remarks

7. **Certification:** I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

7a. E[redacted]

7b. Date signed 6/4/15

8a. Official action on request ☑ Approved ☐ Disapproved *(If disapproved, give reason. If annual leave, initiate action to reschedule.)*

8b. Reason for disapproval

8c. Signat[redacted]

8d. Date signed 6/4/15

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Request for Leave or Approved Absence

1. Name *(Last, first, middle)*	2. Employee or Social Security Number
[redacted]	[redacted]

3. Organization

P&C

4. Type of Leave/Absence

Check appropriate box(es) and enter date and time below	Date From	Date To	Time From	Time To	Total Hours
☐ Accrued annual leave					
☐ Restored annual leave					
☐ Advance annual leave					
☑ Accrued sick leave	5/11/15	5/12/15	0800	1700	16.00
☐ Advance sick leave					
☐ Compensatory time off					
☐ Other paid absence *(specify in remarks)*					
☐ Leave without pay					

Purpose:
- ☐ Illness/injury/incapacitation of requesting employee
- ☐ Medical/dental/optical examination of requesting employee
- ☑ Care of family member, including medical/dental/optical examination of family member, or bereavement
- ☐ Care of family member with a serious health condition
- ☐ Other

5. Family and Medical Leave

If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please provide the following information:

☐ I hereby invoke my entitlement to family and medical leave for:

- ☐ Birth/Adoption/Foster care
- ☐ Serious health condition of spouse, son, daughter, or parent
- ☐ Serious health condition of self

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency.

6. Remarks

15.61 a/l
0.31 A/L

7. **Certification:** I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

7a. [redacted]	7b. Date signed 13 MAY 15

8a. Official action on request ☒ Approved ☐ Disapproved *(If disapproved, give reason. If annual leave, initiate action to reschedule.)*

8b. Reason for disapproval

8c. Signature [redacted]	8d. Date signed 13 MAY 15

Privacy Act Statement

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ENCLOSURE 4a

Request for Leave or Approved Absence

1. Name *(Last, first, middle)* [redacted]

2. Employee or Social Security Number [redacted]

3. Organization

P&C

4. **Type of Leave/Absence**

Check appropriate box(es) and enter date and time below)	Date From	Date To	Time From	Time To	Total Hours
☑ Accrued annual leave	4/14/15	4/14/15	1300	1700	4.00
☐ Restored annual leave	4/16/15	4/16/15	0800	1700	8.00
☐ Advance annual leave					
☐ Accrued sick leave					
☐ Advance sick leave					

Purpose:
- ☐ Illness/injury/incapacitation of requesting employee
- ☐ Medical/dental/optical examination of requesting employee
- ☐ Care of family member, including medical/dental/optical examination of family member, or bereavement
- ☐ Care of family member with a serious health condition
- ☐ Other

☐ Compensatory time off					
☐ Other paid absence *(specify in remarks)*					
☐ Leave without pay					

5. **Family and Medical Leave**

If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please provide the following information:

☐ I hereby invoke my entitlement to family and medical leave for:
- ☐ Birth/Adoption/Foster care
- ☐ Serious health condition of spouse, son, daughter, or parent
- ☐ Serious health condition of self

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency.

6. Remarks

7. **Certification:** I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

7a. E[redacted]

7b. Date signed 4/20/15

8a. Official action on request ☑ Approved ☐ Disapproved *(If disapproved, give reason. If annual leave, initiate action to reschedule.)*

8b. Reason for disapproval

8c. Signatu[redacted]

8d. Date signed 4/20/15

Privacy Act Statement

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EMPLOYEE

Request for Leave or Approved Absence

1. Name *(Last, first, middle)* [redacted]

2. Employee or Social Security Number [redacted]

3. Organization

MCCS P&C

4. Type of Leave/Absence

Check appropriate box(es) and enter date and time below	Date From	Date To	Time From	Time To	Total Hours
☑ Accrued annual leave	3/18/15	3/18/15	0900	1700	7.00
☐ Restored annual leave					
☐ Advance annual leave					
☐ Accrued sick leave					
☐ Advance sick leave					
☐ Compensatory time off					
☐ Other paid absence *(specify in remarks)*					
☐ Leave without pay					

Purpose:
- ☑ Illness/injury/incapacitation of requesting employee
- ☑ Medical/dental/optical examination of requesting employee
- ☐ Care of family member, including medical/dental/optical examination of family member, or bereavement
- ☐ Care of family member with a serious health condition
- ☐ Other

5. Family and Medical Leave

If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please provide the following information:

☐ I hereby invoke my entitlement to family and medical leave for:
- ☐ Birth/Adoption/Foster care
- ☐ Serious health condition of spouse, son, daughter, or parent
- ☐ Serious health condition of self

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency.

6. Remarks

Dental Sick Call (complications from previous tooth extraction)

7. **Certification:** I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

7a. [redacted]

7b. Date signed 3/19/15

8a. Official action on request ☒ Approved ☐ Disapproved *(If disapproved, give reason. If annual leave, initiate action to reschedule.)*

8b. Reason for disapproval

8c. Signature [redacted]

8d. Date signed 3/19/15

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Request for Leave or Approved Absence

1. Name *(Last, first, middle)* [redacted]

2. Employee or Social Security Number [redacted]

3. Organization

MCCS P&C

4. **Type of Leave/Absence**

Check appropriate box(es) and enter date and time below)	Date From	Date To	Time From	Time To	Total Hours
☑ Accrued annual leave	3/16/15	3/17/15	1400	1700	11.00
☐ Restored annual leave					
☐ Advance annual leave					
☑ Accrued sick leave	3/16/15	3/16/15	0900	1400	4.00
☐ Advance sick leave					
☐ Compensatory time off					
☐ Other paid absence *(specify in remarks)*					
☐ Leave without pay					

Purpose:
- ☑ Illness/injury/incapacitation of requesting employee
- ☑ Medical/dental/optical examination of requesting employee
- ☐ Care of family member, including medical/dental/optical examination of family member, or bereavement
- ☐ Care of family member with a serious health condition
- ☐ Other

5. **Family and Medical Leave**

If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please provide the following information:

☐ I hereby invoke my entitlement to family and medical leave for:
- ☐ Birth/Adoption/Foster care
- ☐ Serious health condition of spouse, son, daughter, or parent
- ☐ Serious health condition of self

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency.

6. Remarks

Dental Sick Call (Removed teeth)

7. **Certification:** I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

7a. Er [redacted]

7b. Date signed 3/18/15

8a. Official action on request ☒ Approved ☐ Disapproved *(If disapproved, give reason. If annual leave, initiate action to reschedule.)*

8b. Reason for disapproval

8c. Signature [redacted]

8d. Date signed 03/18/15

Privacy Act Statement

Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

Request for Leave or Approved Absence

1. Name *(Last, first, middle)*	2. Employee or Social Security Number
[redacted]	[redacted]

3. Organization

MCCS P&C

4. Type of Leave/Absence

Check appropriate box(es) and enter date and time below)	Date From	Date To	Time From	Time To	Total Hours
☐ Accrued annual leave					
☐ Restored annual leave					
☐ Advance annual leave					
☑ Accrued sick leave	3/2/15	3/2/15	0800	1700	8.00
☐ Advance sick leave					
☐ Compensatory time off					
☐ Other paid absence *(specify in remarks)*					
☐ Leave without pay					

Purpose:
- ☑ Illness/injury/incapacitation of requesting employee
- ☐ Medical/dental/optical examination of requesting employee
- ☐ Care of family member, including medical/dental/optical examination of family member, or bereavement
- ☐ Care of family member with a serious health condition
- ☐ Other

5. Family and Medical Leave

If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please provide the following information:

- ☐ I hereby invoke my entitlement to family and medical leave for:
  - ☐ Birth/Adoption/Foster care
  - ☐ Serious health condition of spouse, son, daughter, or parent
  - ☐ Serious health condition of self

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency.

6. Remarks

7. **Certification:** I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

7a. E[redacted]	7b. Date signed 3/3/15

8a. Official action on request ☒ Approved ☐ Disapproved *(If disapproved, give reason. If annual leave, initiate action to reschedule.)*

8b. Reason for disapproval

8c. Signature [redacted]	8d. Date signed 3/10/15

Privacy Act S

Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

Request for Leave or Approved Absence

1. Name *(Last, first, middle)* [redacted]

2. Employee or Social Security Number [redacted]

3. Organization

MCCS P&C

4. **Type of Leave/Absence**

Check appropriate box(es) and enter date and time below)	Date From	Date To	Time From	Time To	Total Hours
☑ Accrued annual leave	2/2/15	2/2/15	0900	1200	3.00
☐ Restored annual leave					
☐ Advance annual leave					
☑ Accrued sick leave	2/2/15	2/2/15	1300	1700	4.00
☐ Advance sick leave					
☐ Compensatory time off					
☐ Other paid absence *(specify in remarks)*					
☐ Leave without pay					

Purpose:
- ☑ Illness/injury/incapacitation of requesting employee
- ☐ Medical/dental/optical examination of requesting employee
- ☐ Care of family member, including medical/dental/optical examination of family member, or bereavement
- ☐ Care of family member with a serious health condition
- ☐ Other

5. **Family and Medical Leave**

If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please provide the following information:

- ☐ I hereby invoke my entitlement to family and medical leave for:
  - ☐ Birth/Adoption/Foster care
  - ☐ Serious health condition of spouse, son, daughter, or parent
  - ☐ Serious health condition of self

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency.

6. Remarks

Went home with fever.

7. **Certification:** I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

7a. Emp [redacted]

7b. Date signed 2/3/15

8a. Official action on request ☒ Approved ☐ Disapproved *(If disapproved, give reason. If annual leave, initiate action to reschedule.)*

8b. Reason for disapproval

8c. Signature [redacted]

8d. Date signed 02 FEB 03/15

Privacy Act Statement

Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

EMPLOYEE Ma

Request for Leave or Approved Absence

1. Name *(Last, first, middle)* [redacted]

2. Employee or Social Security Number [redacted]

3. Organization

MCCS P&C

4. **Type of Leave/Absence**

Check appropriate box(es) and enter date and time below	Date From	Date To	Time From	Time To	Total Hours
☐ Accrued annual leave					
☐ Restored annual leave					
☐ Advance annual leave					
☐ Accrued sick leave					
☐ Advance sick leave					
☐ Compensatory time off					
☐ Other paid absence *(specify in remarks)*					
☑ Leave without pay	1/22/15	1/22/15	0800	1700	8.00

Purpose:
- ☐ Illness/injury/incapacitation of requesting employee
- ☐ Medical/dental/optical examination of requesting employee
- ☐ Care of family member, including medical/dental/optical examination of family member, or bereavement
- ☐ Care of family member with a serious health condition
- ☐ Other

5. **Family and Medical Leave**

If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please provide the following information:

- ☐ I hereby invoke my entitlement to family and medical leave for:
  - ☐ Birth/Adoption/Foster care
  - ☐ Serious health condition of spouse, son, daughter, or parent
  - ☐ Serious health condition of self

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency.

6. Remarks

7. **Certification:** I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

7a. Er [redacted]

7b. Date signed 1/21/15

8a. Official action on request ☑ Approved ☐ Disapproved *(If disapproved, give reason. If annual leave, initiate action to reschedule.)*

8b. Reason for disapproval

8c. Signature [redacted]

8d. Date signed 21 JAN 15

Privacy Act Statement

Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.

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Request for Leave or Approved Absence

1. Name *(Last, first, middle)* [redacted]

2. Employee or Social Security Number [redacted]

3. Organization

MCCS P&C

4. **Type of Leave/Absence**

Check appropriate box(es) and enter date and time below)	Date From	Date To	Time From	Time To	Total Hours
☑ Accrued annual leave	1/15/15	1/15/15	1300	1400	1.00
☐ Restored annual leave					
☐ Advance annual leave					
☑ Accrued sick leave	1/15/15	1/15/15	1400	1500	1.00
☐ Advance sick leave					
☐ Compensatory time off					
☐ Other paid absence *(specify in remarks)*					
☑ Leave without pay	1/15/15	1/16/15	1500	1700	10.00

Purpose:
- ☐ Illness/injury/incapacitation of requesting employee
- ☐ Medical/dental/optical examination of requesting employee
- ☑ Care of family member, including medical/dental/optical examination of family member, or bereavement
- ☐ Care of family member with a serious health condition
- ☐ Other

5. **Family and Medical Leave**

If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please provide the following information:

☐ I hereby invoke my entitlement to family and medical leave for:
- ☐ Birth/Adoption/Foster care
- ☐ Serious health condition of spouse, son, daughter, or parent
- ☐ Serious health condition of self

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency.

6. Remarks

Infant son had fever. Needed to go home to monitor.

7. **Certification:** I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

7a. E [redacted]

7b. Date signed 1/19/15

8a. Official action on request ☐ Approved ☐ Disapproved *(If disapproved, give reason. If annual leave, initiate action to reschedule.)*

8b. Reason for disapproval

8c. Signature [redacted]

8d. Date signed 19 JAN 15

Privacy Act Statement

Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.

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Request for Leave or Approved Absence

1. Name *(Last, first, middle)*	2. Employee or Social Security Number
[redacted]	[redacted]

3. Organization

MCCS P&C

4. Type of Leave/Absence

Check appropriate box(es) and enter date and time below	Date From	Date To	Time From	Time To	Total Hours
☑ Accrued annual leave	1/14/15	1/14/15	0800	1700	8.00
☐ Restored annual leave					
☐ Advance annual leave					
☐ Accrued sick leave					
☐ Advance sick leave					

Purpose:
- ☐ Illness/injury/incapacitation of requesting employee
- ☐ Medical/dental/optical examination of requesting employee
- ☐ Care of family member, including medical/dental/optical examination of family member, or bereavement
- ☐ Care of family member with a serious health condition
- ☐ Other

☐ Compensatory time off					
☐ Other paid absence *(specify in remarks)*					
☐ Leave without pay					

5. Family and Medical Leave

If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please provide the following information:

☐ I hereby invoke my entitlement to family and medical leave for:
- ☐ Birth/Adoption/Foster care
- ☐ Serious health condition of spouse, son, daughter, or parent
- ☐ Serious health condition of self

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency.

6. Remarks

7. **Certification:** I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

7a. Empl[redacted]	7b. Date signed 1/15/15

8a. Offici[redacted] ☑ Approved ☐ Disapproved *(If disapproved, give reason. If annual leave, initiate action to reschedule.)*

8b. Reason for disapproval

8c. Signature [redacted]	8d. Date signed 01/15/15

Privacy Act Statement

Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.

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Request for Leave or Approved Absence

1. Name *(Last, first, middle)* [redacted]

2. Employee or Social Security Number [redacted]

3. Organization

MCCS P&C

4. **Type of Leave/Absence**

Check appropriate box(es) and enter date and time below)	Date From	Date To	Time From	Time To	Total Hours
☑ Accrued annual leave	1/13/15	1/13/15	0800	1200	4.00
☐ Restored annual leave					
☐ Advance annual leave					
☑ Accrued sick leave	1/13/15	1/13/15	1300	1700	4.00
☐ Advance sick leave					
☐ Compensatory time off					
☐ Other paid absence *(specify in remarks)*					
☐ Leave without pay					

Purpose:
- ☐ Illness/injury/incapacitation of requesting employee
- ☐ Medical/dental/optical examination of requesting employee
- ☐ Care of family member, including medical/dental/optical examination of family member, or bereavement
- ☐ Care of family member with a serious health condition
- ☐ Other

5. **Family and Medical Leave**

If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please provide the following information:

- ☐ I hereby invoke my entitlement to family and medical leave for:
  - ☐ Birth/Adoption/Foster care
  - ☐ Serious health condition of spouse, son, daughter, or parent
  - ☐ Serious health condition of self

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency.

6. Remarks

7. **Certification:** I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

7a. Empl[redacted]

7b. Date signed 1/15/15

8a. Official action on request ☑ Approved ☐ Disapproved *(If disapproved, give reason. If annual leave, initiate action to reschedule.)*

8b. Reason for disapproval

8c. Signature [redacted]

8d. Date signed 1/15/15

Privacy Act Statement

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IWAKUNI MCCS
MARINE CORPS COMMUNITY SERVICES, ATTN
PERSONNEL OFFICER
FPO AP, 96310-1867

Pay Gi: IWM-Iwakuni MCCS
Pay Begin Date: 12/27/2015
Pay End Date: 01/09/2016

ess Unit: SP145
Advice #: 000000004008510
Advice Date: 01/15/2016

[redacted]

Employee ID: [redacted]
Department: 446919-PURCHASING/CONTRAC
Job Title:
Business Title:
Pay Rate:

TAX DATA:	Federal	WA State
Marital Status:	Married	n/a
Allowances:	2	0
Addl. Percent:		
Addl. Amount:		

HOURS AND EARNINGS

Description	Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings
Admin Hours, No Diff	[redacted]	4.00	[redacted]	4.00	[redacted]
Holiday Hours (not worked), No		8.00		8.00	
Leave Without Pay		1.25		1.25	
Sick Hours, No Diff		2.50		2.50	
Vacation Hours, No Diff		5.75		5.75	
Regular Hours, No Diff		57.50		57.50	
Comp Leave Taken, No Diff		1.00		1.00	

TAXES

Description	Current	YTD
Fed Withholdng	[redacted]	[redacted]
Fed MED/EE		
Fed OASDI/EE		

TOTAL: [redacted]

BEFORE-TAX DEDUCTIONS

Description	Current	YTD
Aetna US Health Care Tradtl	[redacted]	[redacted]
Aetna US Health Care Dental		
401(k)		

AFTER-TAX DEDUCTIONS

Description	Current	YTD
Unicare Supplemental Life	[redacted]	[redacted]
Unicare Standard Life		
Opt Dependent Life 4		
NAF Pension Plan		
Disability Short Term		
401k Loan Payback		
Employee Restitution		

EMPLOYER COST OF BENEFITS

Description	Current	YTD
Aetna US Health Care Tradtl	[redacted]	[redacted]
Aetna US Health Care Dental		
Unicare Standard Life		
401(k)		
NAF Retirement (Group Benefit)		
Fed Med/ER		
Fed OASDI/ER		

Employer contributions to the NAF Retirement (Group Benefit plan) are deposited toward the collective funding level of the plan and are not attributable to individual participant accounts.

TOTAL: [redacted]

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	[redacted]				
YTD					

Leave Plans	Prior Yr Bal	*Earn PPD	Earn YTD	*Taken PPD	Taken YTD	Adjustments	End Bal	UseLose
Vacation	6.0	9.8	9.8	5.8	5.8		10.1	
Sick	4.0	3.9	3.9	2.5	2.5		5.4	
Comp Time	1.0			1.0	1.0		0.0	
Cmp Tr Lv	0.0						0.0	
Time Off	0.0						0.0	

NET PAY DISTRIBUTION

Checking XXXXX6705	[redacted]
TOTAL:	[redacted]

MESSAGE:

IWAKUNI MCCS
MARINE CORPS COMMUNITY
SERVICES
ATTN PERSONNEL OFFICER
FPO AP, 96310-1867

Date: 01/15/2016

Advice No. 4008510

Deposit Amount: [redacted]

To The Account(s) Of [redacted]

Location: PURCHASING/CONTRAC

NON-NEGOTIABLE

ENCLOSURE (18)

IWAKUNI MCCS
MARINE CORPS COMMUNITY SERVICES, ATTN
PERSONNEL OFFICER
FPO AP, 96310-1867

Pay G. IWM-Iwakuni MCCS
Pay Begin Date: 12/13/2015
Pay End Date: 12/26/2015

ness Unit: SP145
Advice #: 000000003996654
Advice Date: 12/31/2015

[redacted]

Employee ID: [redacted]
Department: 446919-PURCHASING/CONTRAC
Job Title:
Business Title: [redacted]
Pay Rate:

TAX DATA:	Federal	WA State
Marital Status:	Married	n/a
Allowances:	2	0
Addl. Percent:		
Addl. Amount:		

HOURS AND EARNINGS

Description	Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings
Comp Leave Earned	[redacted]	1.00	[redacted]	1.00	[redacted]
Holiday Hours (not worked), No		12.00		100.00	
Leave Without Pay		0.09		62.32	
Sick Hours, No Diff		3.16		104.37	
Vacation Hours, No Diff		4.75		160.81	
Regular Hours, No Diff		60.00		1,721.50	
Admin Hours, No Diff				3.00	
AWOL-Absent w/o Official Leave				8.00	
Comp Leave Taken, No Diff					
TOTAL:			[redacted]		

TAXES

Description	Current	YTD
Fed Withholdng	[redacted]	[redacted]
Fed MED/EE		
Fed OASDI/EE		

BEFORE-TAX DEDUCTIONS

Description	Current	YTD
Aetna US Health Care Tradtl	[redacted]	
Aetna US Health Care Dental		
401(k)		
TOTAL:		

AFTER-TAX DEDUCTIONS

Description	Current	YTD
Unicare Supplemental Life	[redacted]	
Unicare Standard Life		
Opt Dependent Life 4		
NAF Pension Plan		
401k Loan Payback		
Employee Restitution		

EMPLOYER COST OF BENEFITS

Description	Current	YTD
Aetna US Health Care Tradtl	[redacted]	
Aetna US Health Care Dental		
Unicare Standard Life		
401(k)		
NAF Retirement (Group Benefit)		
Fed Med/ER		
Fed OASDI/ER		

Employer contributions to the NAF Retirement (Group Benefit plan) are deposited toward the collective funding level of the plan and are not attributable to individual participant accounts.

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	[redacted]				
YTD					

Leave Plans	Prior Yr Bal	*Earn PPD	Earn YTD	*Taken PPD	Taken YTD	Adjustments	End Bal	UseLose
Vacation	12.1	6.0	154.7	4.8	160.8		6.0	
Sick	7.9	4.0	100.5	3.2	104.4		4.0	
Comp Time	0.0	1.0	1.0				1.0	
Cmp Tr Lv	0.0						0.0	
Time Off	0.0						0.0	

NET PAY DISTRIBUTION

Checking XXXXX6705	[redacted]
TOTAL:	[redacted]

MESSAGE:

IWAKUNI MCCS
MARINE CORPS COMMUNITY
SERVICES
ATTN PERSONNEL OFFICER
FPO AP, 96310-1867

Date: 12/31/2015

Advice No. 3996654

Deposit Amount: [redacted]

To The Account(s) Of [redacted]

Location: PURCHASING/CONTRAC

NON-NEGOTIABLE

ENCLOSURE (18)

IWAKUNI MCCS
MARINE CORPS COMMUNITY SERVICES, ATTN
PERSONNEL OFFICER
FPO AP, 96310-1867

Pay G...p: IWM-Iwakuni MCCS
Pay Begin Date: 11/29/2015
Pay End Date: 12/12/2015

...ness Unit: SP145
Advice #: 000000003984720
Advice Date: 12/18/2015

[redacted]

Employee ID: [redacted]
Department: 446919-PURCHASING/CONTRAC
Job Title:
Business Title: [redacted]
Pay Rate:

TAX DATA:	Federal	WA State
Marital Status:	Married	n/a
Allowances:	2	0
Addl. Percent:		
Addl. Amount:		

HOURS AND EARNINGS

Description	Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings
Leave Without Pay	[redacted]	16.76	[redacted]	62.23	[redacted]
Sick Hours, No Diff		2.90		101.21	
Vacation Hours, No Diff		4.34		156.06	
Regular Hours, No Diff		56.00		1,661.50	
Admin Hours, No Diff				3.00	
AWOL-Absent w/o Official Leave				8.00	
Comp Leave Earned					
Holiday Hours (not worked), No				88.00	
Comp Leave Taken, No Diff					
TOTAL:			[redacted]		

TAXES

Description	Current	YTD
Fed Withholdng	[redacted]	
Fed MED/EE		
Fed OASDI/EE		

BEFORE-TAX DEDUCTIONS

Description	Current	YTD
Aetna US Health Care Tradtl	[redacted]	
Aetna US Health Care Dental		
401(k)		
TOTAL:		[redacted]

AFTER-TAX DEDUCTIONS

Description	Current	YTD
Unicare Supplemental Life	[redacted]	
Unicare Standard Life		
Opt Dependent Life 4		
NAF Pension Plan		
401k Loan Payback		
Employee Restitution		

EMPLOYER COST OF BENEFITS

Description	Current	YTD
Aetna US Health Care Tradtl	[redacted]	
Aetna US Health Care Dental		
Unicare Standard Life		
401(k)		
NAF Retirement (Group Benefit)		
Fed Med/ER		
Fed OASDI/ER		

Employer contributions to the NAF Retirement (Group Benefit plan) are deposited toward the collective funding level of the plan and are not attributable to individual participant accounts.

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
YTD					

Leave Plans	Prior Yr Bal	*Earn PPD	Earn YTD	*Taken PPD	Taken YTD	Adjustments	End Bal	UseLose
Vacation	12.1	4.7	148.7	4.3	156.1		4.8	
Sick	7.9	3.2	96.5	2.9	101.2		3.2	
Comp Time	0.0						0.0	
Cmp Tr Lv	0.0						0.0	
Time Off	0.0						0.0	

NET PAY DISTRIBUTION

Checking XXXXX6705	[redacted]
TOTAL:	[redacted]

MESSAGE:

IWAKUNI MCCS
MARINE CORPS COMMUNITY
SERVICES
ATTN PERSONNEL OFFICER
FPO AP, 96310-1867

Date: 12/18/2015

Advice No. 3984720

Deposit Amount: [redacted]

To The Account(s) Of [redacted]

Location: PURCHASING/CONTRAC

NON-NEGOTIABLE

ENCLOSURE (8)

IWAKUNI MCCS
MARINE CORPS COMMUNITY SERVICES, ATTN
PERSONNEL OFFICER
FPO AP, 96310-1867

Pay Group: IWM-Iwakuni MCCS
Pay Begin Date: 11/15/2015
Pay End Date: 11/28/2015

Business Unit: SP145
Advice #: 000000003970388
Advice Date: 12/04/2015

[redacted]

Employee ID: [redacted]
Department: 446919-PURCHASING/CONTRAC
Job Title:
Business Title:
Pay Rate: [redacted]

TAX DATA:	Federal	WA State
Marital Status:	Married	n/a
Allowances:	2	0
Addl. Percent:		
Addl. Amount:		

HOURS AND EARNINGS

Description	Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings
Admin Hours, No Diff	[redacted]	1.00	[redacted]	3.00	[redacted]
Holiday Hours (not worked), No		8.00		88.00	
Leave Without Pay		22.01		45.47	
Sick Hours, No Diff		3.99		98.31	
Vacation Hours, No Diff		6.00		151.72	
Regular Hours, No Diff		39.00		1,605.50	
AWOL-Absent w/o Official Leave			0.00	8.00	
Comp Leave Earned			0.00		0.00
Comp Leave Taken, No Diff			0.00		0.00
TOTAL:			[redacted]		

TAXES

Description	Current	YTD
Fed Withholdng	[redacted]	
Fed MED/EE		
Fed OASDI/EE		

BEFORE-TAX DEDUCTIONS

Description	Current	YTD
Aetna US Health Care Tradtl	[redacted]	
Aetna US Health Care Dental		
401(k)		
TOTAL:		

AFTER-TAX DEDUCTIONS

Description	Current	YTD
Unicare Supplemental Life	[redacted]	
Unicare Standard Life		
Opt Dependent Life 4		
NAF Pension Plan		
401k Loan Payback		
Employee Restitution		

EMPLOYER COST OF BENEFITS

Description	Current	YTD
Aetna US Health Care Tradtl	[redacted]	
Aetna US Health Care Dental		
Unicare Standard Life		
401(k)		
NAF Retirement (Group Benefit)		
Fed Med/ER		
Fed OASDI/ER		

Employer contributions to the NAF Retirement (Group Benefit plan) are deposited toward the collective funding level of the plan and are not attributable to individual participant accounts.

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
YTD					

Leave Plans	Prior Yr Bal	*Earn PPD	Earn YTD	*Taken PPD	Taken YTD	Adjustments	End Bal	UseLose
Vacation	12.1	4.3	144.0	6.0	151.7		4.3	
Sick	7.9	2.9	93.3	4.0	98.3		2.9	
Comp Time	0.0						0.0	
Cmp Tr Lv	0.0						0.0	
Time Off	0.0						0.0	

NET PAY DISTRIBUTION

Checking XXXXX6705	[redacted]
TOTAL:	[redacted]

MESSAGE:

IWAKUNI MCCS
MARINE CORPS COMMUNITY
SERVICES
ATTN PERSONNEL OFFICER
FPO AP, 96310-1867

Date: 12/04/2015

Advice No. 3970388

Deposit Amount: [redacted]

To The Account(s) Of [redacted]

Location: PURCHASING/CONTRAC

NON-NEGOTIABLE

ENCLOSURE (18)

IWAKUNI MCCS
MARINE CORPS COMMUNITY SERVICES, ATTN
PERSONNEL OFFICER
FPO AP, 96310-1867

Pay [illegible]: IWM-Iwakuni MCCS
Pay Begin Date: 11/01/2015
Pay End Date: 11/14/2015

iness Unit: SP145
Advice #: 000000003958420
Advice Date: 11/20/2015

[redacted]

Employee ID: [redacted]
Department: 446919-PURCHASING/CONTRAC
Job Title:
Business Title: [redacted]
Pay Rate:

TAX DATA:	Federal	WA State
Marital Status:	Married	n/a
Allowances:	2	0
Addl. Percent:		
Addl. Amount:		

HOURS AND EARNINGS

Description	Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings
Holiday Hours (not worked), No	[redacted]	8.00	[redacted]	80.00	[redacted]
Leave Without Pay		0.07		23.46	
Sick Hours, No Diff		4.00		94.32	
Vacation Hours, No Diff		7.93		145.72	
Regular Hours, No Diff		60.00		1,566.50	
Admin Hours, No Diff				2.00	
AWOL-Absent w/o Official Leave				8.00	
Comp Leave Earned					
Comp Leave Taken, No Diff					
TOTAL:			[redacted]		

TAXES

Description	Current	YTD
Fed Withholdng	[redacted]	
Fed MED/EE		
Fed OASDI/EE		

BEFORE-TAX DEDUCTIONS

Description	Current	YTD
Aetna US Health Care Tradtl	[redacted]	
Aetna US Health Care Dental		
401(k)		
TOTAL:		[redacted]

AFTER-TAX DEDUCTIONS

Description	Current	YTD
Unicare Supplemental Life	[redacted]	
Unicare Standard Life		
Opt Dependent Life 4		
NAF Pension Plan		
401k Loan Payback		

EMPLOYER COST OF BENEFITS

Description	Current	YTD
Aetna US Health Care Tradtl	[redacted]	
Aetna US Health Care Dental		
Unicare Standard Life		
401(k)		
NAF Retirement (Group Benefit)		
Fed Med/ER		
Fed OASDI/ER		

Employer contributions to the NAF Retirement (Group Benefit plan) are deposited toward the collective funding level of the plan and are not attributable to individual participant accounts.

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
YTD					

Leave Plans	Prior Yr Bal	*Earn PPD	Earn YTD	*Taken PPD	Taken YTD	Adjustments	End Bal	UseLose
Vacation	12.1	6.0	139.6	7.9	145.7		6.0	
Sick	7.9	4.0	90.4	4.0	94.3		4.0	
Comp Time	0.0						0.0	
Cmp Tr Lv	0.0						0.0	
Time Off	0.0						0.0	

NET PAY DISTRIBUTION

Checking XXXXX6705	[redacted]
TOTAL:	[redacted]

MESSAGE:

IWAKUNI MCCS
MARINE CORPS COMMUNITY
SERVICES
ATTN PERSONNEL OFFICER
FPO AP, 96310-1867

Date: 11/20/2015

Advice No. 3958420

Deposit Amount: [redacted]

To The Account(s) Of [redacted]

Location: PURCHASING/CONTRAC

NON-NEGOTIABLE

ENCLOSURE (8)

IWAKUNI MCCS
MARINE CORPS COMMUNITY SERVICES, ATTN
PERSONNEL OFFICER
FPO AP, 96310-1867

Pay Group: IWM-Iwakuni MCCS
Pay Begin Date: 10/18/2015
Pay End Date: 10/31/2015

Business Unit: SP145
Advice #: 00000003946402
Advice Date: 11/06/2015

[redacted]

Employee ID: [redacted]
Department: 446919-PURCHASING/CONTRAC
Job Title:
Business Title: [redacted]
Pay Rate:

TAX DATA:	Federal	WA Stat
Marital Status:	Married	n/
Allowances:	2	
Addl. Percent:		
Addl. Amount:		

HOURS AND EARNINGS

Description	Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings
Sick Hours, No Diff	[redacted]	3.97	[redacted]	90.32	[redacted]
Vacation Hours, No Diff		4.03		137.79	
Regular Hours, No Diff		72.00		1,506.50	
Admin Hours, No Diff				2.00	
AWOL-Absent w/o Official Leave				8.00	
Comp Leave Earned					
Holiday Hours (not worked), No				72.00	
Leave Without Pay				23.39	
Comp Leave Taken, No Diff					
TOTAL:			[redacted]		

TAXES

Description	Current	YTD
Fed Withholdng	[redacted]	
Fed MED/EE		
Fed OASDI/EE		

BEFORE-TAX DEDUCTIONS

Description	Current	YTD
Aetna US Health Care Tradtl	[redacted]	
Aetna US Health Care Dental		
401(k)		
TOTAL:		[redacted]

AFTER-TAX DEDUCTIONS

Description	Current	YTD
Unicare Supplemental Life	[redacted]	
Unicare Standard Life		
Opt Dependent Life 4		
NAF Pension Plan		
401k Loan Payback		

EMPLOYER COST OF BENEFITS

Description	Current	YTD
Aetna US Health Care Tradtl	[redacted]	
Aetna US Health Care Dental		
Unicare Standard Life		
401(k)		
NAF Retirement (Group Benefit)		
Fed Med/ER		
Fed OASDI/ER		

Employer contributions to the NAF Retirement (Group Benefit plan) are deposited toward the collective funding level of the plan and are not attributable to individual participant accounts.

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PA
Current	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
YTD					

Leave Plans	Prior Yr Bal	*Earn PPD	Earn YTD	*Taken PPD	Taken YTD	Adjustments	End Bal	UseLose
Vacation	12.1	6.0	133.6	4.0	137.8		7.9	
Sick	7.9	4.0	86.4	4.0	90.3		4.0	
Comp Time	0.0						0.0	
Cmp Tr Lv	0.0						0.0	
Time Off	0.0						0.0	

NET PAY DISTRIBUTION

Checking XXXXX6705	[redacted]
TOTAL:	[redacted]

MESSAGE:

IWAKUNI MCCS
MARINE CORPS COMMUNITY
SERVICES
ATTN PERSONNEL OFFICER
FPO AP, 96310-1867

Date: 11/06/2015

Advice No. 3946402

Deposit Amount: [redacted]

To The Account(s) Of [redacted]

Location: PURCHASING/CONTRAC

NON-NEGOTIABLE

ENCLOSURE (8)

IWAKUNI MCCS
MARINE CORPS COMMUNITY SERVICES, ATTN
PERSONNEL OFFICER
FPO AP, 96310-1867

Pay [illegible]: IWM-Iwakuni MCCS
Pay Begin Date: 10/04/2015
Pay End Date: 10/17/2015

[illegible]ness Unit: SP145
Advice #: 000000003934433
Advice Date: 10/23/2015

[redacted]

Employee ID: [redacted]
Department: 446919-PURCHASING/CONTRAC
Job Title:
Business Title:
Pay Rate: [redacted]

TAX DATA:	Federal	WA State
Marital Status:	Married	n/a
Allowances:	2	0
Addl. Percent:		
Addl. Amount:		

HOURS AND EARNINGS

Description	Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings
Holiday Hours (not worked), No	[redacted]	8.00	[redacted]	72.00	[redacted]
Leave Without Pay		0.59		23.39	
Sick Hours, No Diff		4.00		86.35	
Vacation Hours, No Diff		11.41		133.76	
Regular Hours, No Diff		56.00		1,434.50	
Admin Hours, No Diff				2.00	
AWOL-Absent w/o Official Leave				8.00	
Comp Leave Earned					
Comp Leave Taken, No Diff					
TOTAL:			[redacted]		

TAXES

Description	Current	YTD
Fed Withholdng	[redacted]	
Fed MED/EE		
Fed OASDI/EE		

BEFORE-TAX DEDUCTIONS

Description	Current	YTD
Aetna US Health Care Tradtl	[redacted]	
Aetna US Health Care Dental		
401(k)		
TOTAL:		[redacted]

AFTER-TAX DEDUCTIONS

Description	Current	YTD
Unicare Supplemental Life	[redacted]	
Unicare Standard Life		
Opt Dependent Life 4		
NAF Pension Plan		
401k Loan Payback		

EMPLOYER COST OF BENEFITS

Description	Current	YTD
Aetna US Health Care Tradtl	[redacted]	
Aetna US Health Care Dental		
Unicare Standard Life		
401(k)		
NAF Retirement (Group Benefit)		
Fed Med/ER		
Fed OASDI/ER		

Employer contributions to the NAF Retirement (Group Benefit plan) are deposited toward the collective funding level of the plan and are not attributable to individual participant accounts.

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PA[illegible]
Current	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
YTD					

Leave Plans	Prior Yr Bal	*Earn PPD	Earn YTD	*Taken PPD	Taken YTD	Adjustments	End Bal	UseLose
Vacation	12.1	6.0	127.6	11.4	133.8		6.0	
Sick	7.9	4.0	82.4	4.0	86.4		4.0	
Comp Time	0.0						0.0	
Cmp Tr Lv	0.0						0.0	
Time Off	0.0						0.0	

NET PAY DISTRIBUTION

Checking XXXXX6705	[redacted]
TOTAL:	[redacted]

MESSAGE:

IWAKUNI MCCS
MARINE CORPS COMMUNITY
SERVICES
ATTN PERSONNEL OFFICER
FPO AP, 96310-1867

Date: 10/23/2015

Advice No. 3934433

Deposit Amount: [redacted]

To The Account(s) Of [redacted]

Location: PURCHASING/CONTRAC

NON-NEGOTIABLE

ENCLOSURE (8)

IWAKUNI MCCS
MARINE CORPS COMMUNITY SERVICES, ATTN
PERSONNEL OFFICER
FPO AP, 96310-1867

Pay G...: IWM-Iwakuni MCCS
Pay Begin Date: 09/20/2015
Pay End Date: 10/03/2015

...ness Unit: SP145
Advice #: 000000003922308
Advice Date: 10/09/2015

[redacted]

Employee ID: [redacted]
Department: 446919-PURCHASING/CONTRAC
Job Title:
Business Title: [redacted]
Pay Rate:

TAX DATA:	Federal	WA State
Marital Status:	Married	n/a
Allowances:	2	0
Addl. Percent:		
Addl. Amount:		

HOURS AND EARNINGS

Description	Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings
Sick Hours, No Diff	[redacted]	7.77	[redacted]	82.35	[redacted]
Vacation Hours, No Diff		12.23		122.35	
Regular Hours, No Diff		60.00		1,378.50	
Admin Hours, No Diff				2.00	
AWOL-Absent w/o Official Leave				8.00	
Comp Leave Earned					
Holiday Hours (not worked), No				64.00	
Leave Without Pay				22.80	
Comp Leave Taken, No Diff					
TOTAL:			[redacted]		[redacted]

TAXES

Description	Current	YTD
Fed Withholdng	[redacted]	[redacted]
Fed MED/EE		
Fed OASDI/EE		

BEFORE-TAX DEDUCTIONS

Description	Current	YTD
Aetna US Health Care Tradtl	[redacted]	
Aetna US Health Care Dental		
401(k)		
TOTAL:		[redacted]

AFTER-TAX DEDUCTIONS

Description	Current	YTD
Unicare Supplemental Life	[redacted]	
Unicare Standard Life		
Opt Dependent Life 4		
NAF Pension Plan		
401k Loan Payback		

EMPLOYER COST OF BENEFITS

Description	Current	YTD
Aetna US Health Care Tradtl	[redacted]	
Aetna US Health Care Dental		
Unicare Standard Life		
401(k)		
NAF Retirement (Group Benefit)		
Fed Med/ER		
Fed OASDI/ER		

Employer contributions to the NAF Retirement (Group Benefit plan) are deposited toward the collective funding level of the plan and are not attributable to individual participant accounts.

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
YTD					

Leave Plans	Prior Yr Bal	*Earn PPD	Earn YTD	*Taken PPD	Taken YTD	Adjustments	End Bal	UseLose
Vacation	12.1	6.0	121.7	12.2	122.4		11.4	
Sick	7.9	4.0	78.5	7.8	82.4		4.0	
Comp Time	0.0						0.0	
Cmp Tr Lv	0.0						0.0	
Time Off	0.0						0.0	

NET PAY DISTRIBUTION

Checking XXXXX6705	[redacted]
TOTAL:	[redacted]

MESSAGE:

IWAKUNI MCCS
MARINE CORPS COMMUNITY SERVICES
ATTN PERSONNEL OFFICER
FPO AP, 96310-1867

Date: 10/09/2015

Advice No. 3922308

Deposit Amount: [redacted]

To The Account(s) Of [redacted]

Location: PURCHASING/CONTRAC

NON-NEGOTIABLE

ENCLOSURE 8

IWAKUNI MCCS
MARINE CORPS COMMUNITY SERVICES, ATTN
PERSONNEL OFFICER
FPO AP, 96310-1867

Pay Group: IWM-Iwakuni MCCS
Pay Begin Date: 09/06/2015
Pay End Date: 09/19/2015

Business Unit: SP145
Advice #: 000000003910293
Advice Date: 09/25/2015

[redacted]

Employee ID: [redacted]
Department: 446919-PURCHASING/CONTRAC
Job Title:
Business Title:
Pay Rate: [redacted]

TAX DATA:	Federal	WA Sta
Marital Status:	Married	n
Allowances:	2	
Addl. Percent:		
Addl. Amount:		

HOURS AND EARNINGS

Description	Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings
Holiday Hours (not worked), No	[redacted]	8.00	[redacted]	64.00	[redacted]
Regular Hours, No Diff		72.00		1,318.50	
Admin Hours, No Diff				2.00	
AWOL-Absent w/o Official				8.00	
Leave					
Comp Leave Earned					
Leave Without Pay				22.80	
Sick Hours, No Diff				74.58	
Vacation Hours, No Diff				110.12	
Comp Leave Taken, No Diff					
TOTAL:			[redacted]		

TAXES

Description	Current	YT
Fed Withholdng	[redacted]	
Fed MED/EE		
Fed OASDI/EE		

BEFORE-TAX DEDUCTIONS

Description	Current	YTD
Aetna US Health Care Tradtl	[redacted]	
Aetna US Health Care Dental		
401(k)		
TOTAL:		

AFTER-TAX DEDUCTIONS

Description	Current	YTD
Unicare Supplemental Life	[redacted]	
Unicare Standard Life		
Opt Dependent Life 4		
NAF Pension Plan		
401k Loan Payback		

EMPLOYER COST OF BENEFITS

Description	Current	YT
Aetna US Health Care Tradtl	[redacted]	
Aetna US Health Care Dental		
Unicare Standard Life		
401(k)		
NAF Retirement (Group Benefit)		
Fed Med/ER		
Fed OASDI/ER		

Employer contributions to the NAF Retirement (Group Benefit plan) are deposited toward the collective funding level of the plan and are not attributable to individual participant accounts.

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PA
Current	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
YTD					

Leave Plans	Prior Yr Bal	*Earn PPD	Earn YTD	*Taken PPD	Taken YTD	Adjustments	End Bal	UseLose
Vacation	12.1	6.0	115.7		110.1		17.6	
Sick	7.9	4.0	74.5		74.6		7.8	
Comp Time	0.0						0.0	
Cmp Tr Lv	0.0						0.0	
Time Off	0.0						0.0	

NET PAY DISTRIBUTION	
Checking XXXXX6705	[redacted]
TOTAL:	[redacted]

MESSAGE:

IWAKUNI MCCS
MARINE CORPS COMMUNITY
SERVICES
ATTN PERSONNEL OFFICER
FPO AP, 96310-1867

Date: 09/25/2015

Advice No. 3910293

Deposit Amount: [redacted]

To The Account(s) Of [redacted]

Location: PURCHASING/CONTRAC

NON-NEGOTIABLE

ENCLOSURE (8)

IWAKUNI MCCS
MARINE CORPS COMMUNITY SERVICES, ATTN
PERSONNEL OFFICER
FPO AP, 96310-1867

Pay Group: IWM-Iwakuni MCCS
Pay Begin Date: 08/23/2015
Pay End Date: 09/05/2015

Business Unit: SP145
Advice #: 00000003898188
Advice Date: 09/11/2015

[redacted]

Employee ID: [redacted]
Department: 446919-PURCHASING/CONTRAC
Job Title:
Business Title:
Pay Rate: [redacted]

TAX DATA:	Federal	WA Stat
Marital Status:	Married	n/
Allowances:	2	(
Addl. Percent:		
Addl. Amount:		

HOURS AND EARNINGS

Description	Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings
Leave Without Pay	[redacted]	4.76	[redacted]	22.80	[redacted]
Sick Hours, No Diff		4.00		74.58	
Vacation Hours, No Diff		3.24		110.12	
Regular Hours, No Diff		68.00		1,246.50	
Admin Hours, No Diff				2.00	
AWOL-Absent w/o Official Leave				8.00	
Comp Leave Earned					
Holiday Hours (not worked), No Comp Leave Taken, No Diff				56.00	
TOTAL:			[redacted]		

TAXES

Description	Current	YTD
Fed Withholdng	[redacted]	
Fed MED/EE		
Fed OASDI/EE		

BEFORE-TAX DEDUCTIONS

Description	Current	YTD
Aetna US Health Care Tradtl	[redacted]	
Aetna US Health Care Dental		
401(k)		
TOTAL:		[redacted]

AFTER-TAX DEDUCTIONS

Description	Current	YTD
Unicare Supplemental Life	[redacted]	
Unicare Standard Life		
Opt Dependent Life 4		
NAF Pension Plan		
401k Loan Payback		

EMPLOYER COST OF BENEFITS

Description	Current	YTD
Aetna US Health Care Tradtl	[redacted]	
Aetna US Health Care Dental		
Unicare Standard Life		
401(k)		
NAF Retirement (Group Benefit)		
Fed Med/ER		
Fed OASDI/ER		

Employer contributions to the NAF Retirement (Group Benefit plan) are deposited toward the collective funding level of the plan and are not attributable to individual participant accounts.

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PA
Current	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
YTD					

Leave Plans	Prior Yr Bal	*Earn PPD	Earn YTD	*Taken PPD	Taken YTD	Adjustments	End Bal	UseLose
Vacation	12.1	5.6	109.7	3.2	110.1		11.6	
Sick	7.9	3.8	70.5	4.0	74.6		3.8	
Comp Time	0.0						0.0	
Cmp Tr Lv	0.0						0.0	
Time Off	0.0						0.0	

NET PAY DISTRIBUTION

Checking XXXXX6705	[redacted]
TOTAL:	[redacted]

MESSAGE:

IWAKUNI MCCS
MARINE CORPS COMMUNITY
SERVICES
ATTN PERSONNEL OFFICER
FPO AP, 96310-1867

Date: 09/11/2015

Advice No. 3898188

Deposit Amount: [redacted]

To The Account(s) Of [redacted]

Location: PURCHASING/CONTRAC

NON-NEGOTIABLE

ENCLOSURE (8)

IWAKUNI MCCS
MARINE CORPS COMMUNITY SERVICES, ATTN
PERSONNEL OFFICER
FPO AP, 96310-1867

Pay Group: IWM-Iwakuni MCCS
Pay Begin Date: 08/09/2015
Pay End Date: 08/22/2015

Business Unit: SP145
Advice #: 000000003886076
Advice Date: 08/28/2015

[redacted]

Employee ID: [redacted]
Department: 446919-PURCHASING/CONTRAC
Job Title:
Business Title:
Pay Rate: [redacted]

TAX DATA:	Federal	WA Stat
Marital Status:	Married	n/
Allowances:	2	(
Addl. Percent:		
Addl. Amount:		

HOURS AND EARNINGS

Description	Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings
Sick Hours, No Diff	[redacted]	9.00	[redacted]	70.58	[redacted]
Vacation Hours, No Diff		3.00		106.88	
Regular Hours, No Diff		68.00		1,178.50	
Admin Hours, No Diff				2.00	
AWOL-Absent w/o Official				8.00	
Leave					
Comp Leave Earned					
Holiday Hours (not worked), No				56.00	
Leave Without Pay				18.04	
Comp Leave Taken, No Diff					
TOTAL:			[redacted]		

TAXES

Description	Current	YTI
Fed Withholdng	[redacted]	
Fed MED/EE		
Fed OASDI/EE		

BEFORE-TAX DEDUCTIONS

Description	Current	YTD
Aetna US Health Care Tradtl	[redacted]	
Aetna US Health Care Dental		
401(k)		
TOTAL:		

AFTER-TAX DEDUCTIONS

Description	Current	YTD
Unicare Supplemental Life	[redacted]	
Unicare Standard Life		
Opt Dependent Life 4		
NAF Pension Plan		
401k Loan Payback		

EMPLOYER COST OF BENEFITS

Description	Current	YTI
Aetna US Health Care Tradtl	[redacted]	
Aetna US Health Care Dental		
Unicare Standard Life		
401(k)		
NAF Retirement (Group Benefit)		
Fed Med/ER		
Fed OASDI/ER		

Employer contributions to the NAF Retirement (Group Benefit plan) are deposited toward the collective funding level of the plan and are not attributable to individual participant accounts.

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PA
Current	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
YTD					

Leave Plans	Prior Yr Bal	*Earn PPD	Earn YTD	*Taken PPD	Taken YTD	Adjustments	End Bal	UseLose
Vacation	12.1	6.0	104.0	3.0	106.9		9.2	
Sick	7.9	4.0	66.7	9.0	70.6		4.0	
Comp Time	0.0						0.0	
Cmp Tr Lv	0.0						0.0	
Time Off	0.0						0.0	

NET PAY DISTRIBUTION

Checking XXXXX6705	[redacted]
TOTAL:	[redacted]

MESSAGE:

IWAKUNI MCCS
MARINE CORPS COMMUNITY
SERVICES
ATTN PERSONNEL OFFICER
FPO AP, 96310-1867

Date: 08/28/2015

Advice No. 3886076

Deposit Amount: [redacted]

To The Account(s) Of [redacted]

Location: PURCHASING/CONTRAC

NON-NEGOTIABLE

ENCLOSURE (8)

IWAKUNI MCCS
MARINE CORPS COMMUNITY SERVICES, ATTN
PERSONNEL OFFICER
FPO AP, 96310-1867

Pay Group: IWM-Iwakuni MCCS
Pay Begin Date: 07/26/2015
Pay End Date: 08/08/2015

Business Unit: SP145
Advice #: 000000003873742
Advice Date: 08/14/2015

[redacted]

Employee ID: [redacted]
Department: 446919-PURCHASING/CONTRAC
Job Title:
Business Title:
Pay Rate: [redacted]

TAX DATA:	Federal	WA Stat
Marital Status:	Married	n/
Allowances:	2	(
Addl. Percent:		
Addl. Amount:		

HOURS AND EARNINGS

Description	Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings
Vacation Hours, No Diff	[redacted]	8.00	[redacted]	103.88	[redacted]
Regular Hours, No Diff		72.00		1,110.50	
Admin Hours, No Diff				2.00	
AWOL-Absent w/o Official Leave				8.00	
Comp Leave Earned					
Holiday Hours (not worked), No				56.00	
Leave Without Pay				18.04	
Sick Hours, No Diff				61.58	
Comp Leave Taken, No Diff					
TOTAL:			[redacted]		

TAXES

Description	Current	YTD
Fed Withholdng	[redacted]	
Fed MED/EE		
Fed OASDI/EE		

BEFORE-TAX DEDUCTIONS

Description	Current	YTD
Aetna US Health Care Tradtl	[redacted]	
Aetna US Health Care Dental		
401(k)		
TOTAL:		[redacted]

AFTER-TAX DEDUCTIONS

Description	Current	YTD
Unicare Supplemental Life	[redacted]	
Unicare Standard Life		
Opt Dependent Life 4		
NAF Pension Plan		
401k Loan Payback		

EMPLOYER COST OF BENEFITS

Description	Current	YTD
Aetna US Health Care Tradtl	[redacted]	
Aetna US Health Care Dental		
Unicare Standard Life		
401(k)		
NAF Retirement (Group Benefit)		
Fed Med/ER		
Fed OASDI/ER		

Employer contributions to the NAF Retirement (Group Benefit plan) are deposited toward the collective funding level of the plan and are not attributable to individual participant accounts.

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PA
Current	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
YTD					

Leave Plans	Prior Yr Bal	*Earn PPD	Earn YTD	*Taken PPD	Taken YTD	Adjustments	End Bal	UseLose
Vacation	12.1	6.0	98.0	8.0	103.9		6.2	
Sick	7.9	4.0	62.7		61.6		9.0	
Comp Time	0.0						0.0	
Cmp Tr Lv	0.0						0.0	
Time Off	0.0						0.0	

NET PAY DISTRIBUTION

Checking XXXXX6705	[redacted]
TOTAL:	[redacted]

MESSAGE:

IWAKUNI MCCS
MARINE CORPS COMMUNITY
SERVICES
ATTN PERSONNEL OFFICER
FPO AP, 96310-1867

Date: 08/14/2015

Advice No. 3873742

Deposit Amount: [redacted]

To The Account(s) Of

[redacted]

Location: PURCHASING/CONTRAC

NON-NEGOTIABLE

ENCLOSURE 18

IWAKUNI MCCS
MARINE CORPS COMMUNITY SERVICES, ATTN
PERSONNEL OFFICER
FPO AP, 96310-1867

Pay G...: IWM-Iwakuni MCCS
Pay Begin Date: 07/12/2015
Pay End Date: 07/25/2015

...ness Unit: SP145
Advice #: 000000003861447
Advice Date: 07/31/2015

[redacted]

Employee ID: [redacted]
Department: 446919-PURCHASING/CONTRAC
Job Title:
Business Title: [redacted]
Pay Rate:

TAX DATA:	Federal	WA State
Marital Status:	Married	n/a
Allowances:	2	0
Addl. Percent:		
Addl. Amount:		

HOURS AND EARNINGS

Description	Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings
Sick Hours, No Diff	[redacted]	8.00	[redacted]	61.58	[redacted]
Vacation Hours, No Diff		8.00		95.88	
Regular Hours, No Diff		64.00		1,038.50	
Admin Hours, No Diff				2.00	
AWOL-Absent w/o Official Leave				8.00	
Comp Leave Earned					
Holiday Hours (not worked), No				56.00	
Leave Without Pay				18.04	
Comp Leave Taken, No Diff					
TOTAL:	[redacted]				

TAXES

Description	Current	YTD
Fed Withholdng	[redacted]	
Fed MED/EE		
Fed OASDI/EE		

BEFORE-TAX DEDUCTIONS

Description	Current	YTD
Aetna US Health Care Tradtl	[redacted]	
Aetna US Health Care Dental		
401(k)		
TOTAL:	[redacted]	

AFTER-TAX DEDUCTIONS

Description	Current	YTD
Unicare Supplemental Life	[redacted]	
Unicare Standard Life		
Opt Dependent Life 4		
NAF Pension Plan		
401k Loan Payback		

EMPLOYER COST OF BENEFITS

Description	Current	YTD
Aetna US Health Care Tradtl	[redacted]	
Aetna US Health Care Dental		
Unicare Standard Life		
401(k)		
NAF Retirement (Group Benefit)		
Fed Med/ER		
Fed OASDI/ER		

Employer contributions to the NAF Retirement (Group Benefit plan) are deposited toward the collective funding level of the plan and are not attributable to individual participant accounts.

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
YTD					

Leave Plans	Prior Yr Bal	*Earn PPD	Earn YTD	*Taken PPD	Taken YTD	Adjustments	End Bal	UseLose
Vacation	12.1	6.0	92.0	8.0	95.9		8.2	
Sick	7.9	4.0	58.7	8.0	61.6		5.0	
Comp Time	0.0						0.0	
Cmp Tr Lv	0.0						0.0	
Time Off	0.0						0.0	

NET PAY DISTRIBUTION

Checking XXXXX6705	[redacted]
TOTAL:	[redacted]

MESSAGE:

IWAKUNI MCCS
MARINE CORPS COMMUNITY
SERVICES
ATTN PERSONNEL OFFICER
FPO AP, 96310-1867

Date: 07/31/2015

Advice No. 3861447

Deposit Amount: [redacted]

To The Account(s) Of [redacted]

Location: PURCHASING/CONTRAC

NON-NEGOTIABLE

ENCLOSURE (8)

IWAKUNI MCCS
MARINE CORPS COMMUNITY SERVICES, ATTN
PERSONNEL OFFICER
FPO AP, 96310-1867

Pay [illegible]p: IWM-Iwakuni MCCS
Pay Begin Date: 06/28/2015
Pay End Date: 07/11/2015

[illegible]iness Unit: SP145
Advice #: 000000003848992
Advice Date: 07/17/2015

[redacted]

Employee ID: [redacted]
Department: 446919-PURCHASING/CONTRAC
Job Title:
Business Title:
Pay Rate: [redacted]

TAX DATA:	Federal	WA Stat
Marital Status:	Married	n/
Allowances:	2	
Addl. Percent:		
Addl. Amount:		

HOURS AND EARNINGS

Description	Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings
Admin Hours, No Diff	[redacted]	1.00	[redacted]	2.00	[redacted]
Holiday Hours (not worked), No		8.00		56.00	
Sick Hours, No Diff		1.50		53.58	
Vacation Hours, No Diff		9.50		87.88	
Regular Hours, No Diff		60.00		974.50	
AWOL-Absent w/o Official				8.00	
Leave					
Comp Leave Earned					
Leave Without Pay				18.04	
Comp Leave Taken, No Diff					
TOTAL:			[redacted]		

TAXES

Description	Current	YTD
Fed Withholdng	[redacted]	
Fed MED/EE		
Fed OASDI/EE		

BEFORE-TAX DEDUCTIONS

Description	Current	YTD
Aetna US Health Care Tradtl	[redacted]	
Aetna US Health Care Dental		
401(k)		
TOTAL:		

AFTER-TAX DEDUCTIONS

Description	Current	YTD
Unicare Supplemental Life	[redacted]	
Unicare Standard Life		
Opt Dependent Life 4		
NAF Pension Plan		
401k Loan Payback		

EMPLOYER COST OF BENEFITS

Description	Current	YTD
Aetna US Health Care Tradtl	[redacted]	
Aetna US Health Care Dental		
Unicare Standard Life		
401(k)		
NAF Retirement (Group Benefit)		
Fed Med/ER		
Fed OASDI/ER		

Employer contributions to the NAF Retirement (Group Benefit plan) are deposited toward the collective funding level of the plan and are not attributable to individual participant accounts.

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PA
Current	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
YTD					

Leave Plans	Prior Yr Bal	*Earn PPD	Earn YTD	*Taken PPD	Taken YTD	Adjustments	End Bal	UseLose
Vacation	12.1	6.0	86.0	9.5	87.9		10.2	
Sick	7.9	4.0	54.7	1.5	53.6		9.0	
Comp Time	0.0						0.0	
Cmp Tr Lv	0.0						0.0	
Time Off	0.0						0.0	

NET PAY DISTRIBUTION

Checking XXXXX6705	[redacted]
TOTAL:	[redacted]

MESSAGE:

IWAKUNI MCCS
MARINE CORPS COMMUNITY
SERVICES
ATTN PERSONNEL OFFICER
FPO AP, 96310-1867

Date: 07/17/2015

Advice No. 3848992

Deposit Amount: [redacted]

To The Account(s) Of [redacted]

Location: PURCHASING/CONTRAC

NON-NEGOTIABLE

ENCLOSURE 18

MARINE CORPS COMMUNITY SERVICES
PSC 561 BOX 1867
FPO AP 96310-0019

DSN FAX: 253-4629
COMMERCIAL: 011-81-827-79-3424
DSN: 253-3424

MCCSIWAINTINST 12630.2E
5HR
29 Oct 14

MARINE CORPS COMMUNITY SERVICES IWAKUNI INTERNAL INSTRUCTION 12630.2E

From: Director, Marine Corps Community Services
To: MCCS Iwakuni NAF/GS Employees

Subj: ABSENCE AND LEAVE

Ref: (a) MCO P12000.11A
(b) U.S. Office of Personnel Management Website

Encl: (1) Application for Leave Form, OPM-71

1. Purpose. To publish policy and procedures on employee notification to supervisor of absence from work and for requesting leave as provided in the references.

2. Cancellation. Marine Corps Community Services Internal Instruction 12630.2D.

3. Scope. This instruction is applicable to all Marine Corps Community Services (MCCS) Non-Appropriated Fund (NAF) and Appropriated Fund (GS) employees.

4. Information. The need for an employee to be at their designated work site at the scheduled start time is critical in providing good service to our customers for all the MCCS divisions and activities. In order for a supervisor to quickly adjust to the absence of an employee, it is the responsibility of the employee to notify the supervisor of their inability to report to work as soon as possible. A supervisor must also have the ability to prepare work schedules in advance to compensate for an employee's request for leave.

5. Action

a. If an employee is unable to report for work at the scheduled start time due to illness or other unforeseen circumstances, it is the employee's responsibility to notify the supervisor as early as possible of their inability to report for

ENCLOSURE (49)

work. The employee must notify the supervisor no later than the beginning of their scheduled shift.

b. The supervisor or a higher management official is the only individual who can approve the leave of an employee. An employee cannot assume that their leave is approved just because of calling in and speaking to another employee. Employees are required to call their immediate supervisor and leave a voicemail if they are unable to speak to the supervisor. Additionally, employees are required to continue their attempts to call in by contacting the supervisors up their chain of command (up to the Chief of their Division) and leaving a voicemail each time the attempt is made. Notifying the supervisor via e-mail is acceptable; however, it is considered approved only when the employee received a response from the supervisor permitting their leave of absence. Failure of the employee to utilize this process will cause the employee to be in an Absence Without Leave status and the employee could be subject to disciplinary action.

c. Employees must notify the supervisor each day of an absence unless a doctor's certificate has been obtained and provided to the supervisor. Employees are required to complete the Application for Leave, enclosure (1), immediately upon their return to work.

d. Sick leave absences in excess of 3 consecutive working days will only be granted when supported by administratively acceptable evidence to include a certified letter or note from the treating physician that excuses absences from work.

e. When returning to work from a sick leave status in excess of 3 working days, employees are required to receive a return to work authorization from the treating physician prior to returning to work. The authorization must be provided immediately to the supervisor upon returning to work. Any requests for reasonable accommodations or limited duty are required to be documented on this authorization.

f. Per reference (b), a pregnant employee who must be absent from work at some point before giving birth for her own health or that of her unborn child is entitled to use sick leave. According to the definition of *serious health condition*, any period of incapacity due to pregnancy or childbirth, or for prenatal care, is considered a *serious health condition*, even if

ENCLOSURE (1)

the employee does not receive active treatment from a health care provider during the period of incapacity or the period of incapacity does not last more than 3 consecutive calendar days. Sick leave may be used for medical examinations and during the period of incapacitation for delivery and recuperation. Once the period of incapacitation is over, there is no entitlement to use sick leave. An employee may not use sick leave to voluntarily be absent from work to bond with a healthy newborn. There is no provision in law or regulation that permits the use of sick leave to care for a healthy newborn, bond with a healthy child, or for other child care responsibilities.

g. If the supervisor suspects an employee is abusing their sick leave benefit, the supervisor may place the employee on a Letter of Requirement after providing documentation to Human Resources.

h. If an employee becomes ill while at work, the employee will complete enclosure (1) before leaving the work site, if practical or as soon as returning to work.

i. An employee is entitled to use sick leave if health authorities or a health care provider determine that the employee's presence on the job would jeopardize the health of others because of exposure to a communicable disease. The use of sick leave would be appropriate in these circumstances even if the employee is not sick but would be limited to circumstances where exposure alone would jeopardize the health of others and would only arise in cases of serious communicable diseases, such as communicable diseases where Federal isolation and quarantine are authorized, which currently includes: cholera, diphtheria, infectious tuberculosis, plague, smallpox, yellow fever, viral hemorrhagic fevers, Severe Acute Respiratory Syndrome (SARS), and influenza that causes or has the potential to cause a pandemic. For more information, visit http://www.cdc.gov which provides an illustrative, but not exhaustive, list of the types of serious communicable diseases where exposure alone would jeopardize the health of others.

j. Annual leave should be planned as far in advance as possible, especially if the leave time is in excess of 3 working days. The supervisor should approve and schedule the annual leave when the workload permits, and whenever possible, at the convenience of the employee.

ENCLOSURE (9)

k. A minimum of 2 weeks is required for employees to submit enclosure (1) for any leave with the exception of sick leave for approval to the supervisor. If the annual leave must be denied due to workload requirements, a justification by the supervisor will be given to the employee and a suggested alternate time for taking the annual leave will be provided.

l. When two employees request annual leave for the same time period, and if only one employee can be allowed leave due to workload requirements, approval will be given to the employee who submitted the request first. The supervisor should suggest an alternate time for taking leave to the other employee.

6. Effective Date. This instruction is effective upon receipt.

/s/ [redacted]

ENCLOSURE (9)

Request for Leave or Approved Absence

1. Name *(Last, first, middle)*

2. Employee or Social Security Number

3. Organization

4. Type of Leave/Absence

Check appropriate box(es) and enter date and time below)	Date From	Date To	Time From	Time To	Total Hours
☐ Accrued annual leave					
☐ Restored annual leave					
☐ Advance annual leave					
☐ Accrued sick leave					
☐ Advance sick leave					

Purpose:
- ☐ Illness/injury/incapacitation of requesting employee
- ☐ Medical/dental/optical examination of requesting employee
- ☐ Care of family member, including medical/dental/optical examination of family member, or bereavement
- ☐ Care of family member with a serious health condition
- ☐ Other

☐ Compensatory time off					
☐ Other paid absence *(specify in remarks)*					
☐ Leave without pay					

5. Family and Medical Leave

If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993 (FMLA), please provide the following information:

☐ I hereby invoke my entitlement to family and medical leave for:

- ☐ Birth/Adoption/Foster care
- ☐ Serious health condition of spouse, son, daughter, or parent
- ☐ Serious health condition of self

Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the FMLA. Medical certification of a serious health condition may be required by your agency.

6. Remarks

7. Certification: I certify that the leave/absence requested above is for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.

7a. Employee signature

7b. Date signed

8a. Official action on request ☐ Approved ☐ Disapproved *(If disapproved, give reason. If annual leave, initiate action to reschedule.)*

8b. Reason for disapproval

8c. Signature

8d. Date signed

Privacy Act Statement
Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

Office of Personnel Management
5 CFR 630

Local Reproduction Authorized

Print Form | Clear Form | Save Form

OPM Form 71
June 2001
Formerly Standard Form (SF) 71

Enclosure (1)

MARINE CORPS COMMUNITY SERVICES
PSC 561 BOX 1867
FPO AP 96310-0019

FAX: 011-81-827-79-4057
COMMERCIAL: 011-81-827-79-3030
DSN: 253-3030

12710
5SUP
13 MAR 15

From: [redacted] Purchasing and Contracting
To: [redacted], Purchasing and Contracting

Subj: LETTER OF WARNING

Ref: (a) MCO P12000.11A
(b) MCCSINTINST 12630.2E dtd 29 Oct 14

1. This letter is to notify you of your unacceptable conduct. This action is based on the following fact:

a. Improper call off on 2 March, 2015

2. As the Contract Administrator, you are expected to conduct yourself with a higher level of professionalism. Your failure to properly notify your supervisor when calling off work has a negative impact on the workplace and morale of the Purchasing and Contracting Department. Your actions affect the mission by hindering the daily business operations of the office resulting in cancellation of client appointments and rescheduling of staff to cover your absence.

3. You are hereby placed on notice that this type of conduct will not be tolerated. Further acts of misconduct could result in formal disciplinary action. Violations discussed in this letter will not be counted as offenses, but could be cited in any future disciplinary action.

4. This letter will not be placed in your Official Personnel Folder, but will be retained by the undersigned. You are reminded that in accordance with reference (a), a letter of warning is not a disciplinary action and is neither grievable nor appealable.

5. You are requested to acknowledge receipt of this letter by signing in the appropriate space on the copy provided.

[redacted]

[redacted]

13MAR15

Copy to:
Human Resources

ENCLOSURE (20

MARINE CORPS COMMUNITY SERVICES
PSC 561 BOX 1867
FPO AP 96310-0019

FAX: 011-81-827-79-4057
COMMERCIAL: 011-81-827-79-3030
DSN: 253-3030

12710
5PC
25 MAR 15

From: Chief of Support, Marine Corps Community Services
To: [redacted]

Subj: LETTER OF WARNING

Ref: (a) MCO P12000.11A
(b) MCCSINTINST 12630.2E dtd 29 Oct 14

1. This letter is to notify you of your unacceptable conduct. This action is based on the following facts:

a. Failure to follow a direct order
b. Failure to carry out policies and procedures

2. As a supervisor within MCCS, you are expected to follow direct orders and to carry out policies and procedures. When you are called upon to take action or to ensure proper execution of policies and procedures, you are expected to do so. Your failure to properly account for your subordinate employee's time, especially after I, your supervisor provided direction to do so, is a serious offense, which will not be tolerated. Your actions affect trust and confidence that I, as your supervisor, place in you. Moving forward, please understand the importance of proper time keeping.

3. You are hereby placed on notice that this type of misconduct will not be tolerated. Further acts of misconduct could result in formal disciplinary action. Violations discussed in this letter will not be counted as offenses, but could be cited in any future disciplinary action.

4. This letter will not be placed in your Official Personnel Folder, but will be retained by the undersigned and Human Resources. You are reminded that in accordance with reference (a), a letter of warning is not a disciplinary action and is neither grievable nor appealable.

5. You are requested to acknowledge receipt of this letter by signing in the appropriate space on the copy provided.

[redacted]

ENCLOSURE (21)

[redacted]

ADDRESSEE'S SIGNATURE

25 MAR 15

DATE

Copy to:

Human Resources

EMCI 000026 21

[redacted] log of [redacted]

ENCLOSURE 22

December 2015

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1	2 8:40 出社	3	4 病欠	5
6	7 0840 出社 1130 に昼へ出て仕事には戻らず。	8 上司は休暇	9 上司は休暇 16：40 退社	10 上司は休暇 15：00 から戻ってこず	11 欠勤 (医者の予約で朝から出勤無)	12
13	14 医者の予約で朝から出勤無	15	16	17	18	21
						28

ENCLOSURE 124

December 2015 Translation Log

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2 Arrives to work @ 0840	3	4 Sick leave, did not show	5
6	7 Arrives 0840 Leaves 1130 for lunch. Never came back.	8 [redacted] off - Leave	9 [redacted] off. [redacted] left @ 1640 w/ rest of IHA employees	10 [redacted] off. [redacted] left @ 1500 for day.	11 Doctor app/ sick leave. Did not come in at all.	12
13	14 Doctor app in morning	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

ENCLOSURE (22)

November 2015 Translation Log

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2 [redacted] on LV. [redacted] left @ 0930 for doctor app. Did not return to work	3	4 [redacted] off entire day, Sick Leave	5	6	7
8	9	10	11 Veterans Day	12 [redacted] off entire day, Sick leave	13	14
15	16	17	18	19	20 [redacted] left early afternoon for MCBall, LV	21
22	23	24 [redacted] arrives @ 0930	25 Sick leave, off entire day	26	27 [redacted] LV, did not show to work	28
29	30					

[redacted] log of [redacted]

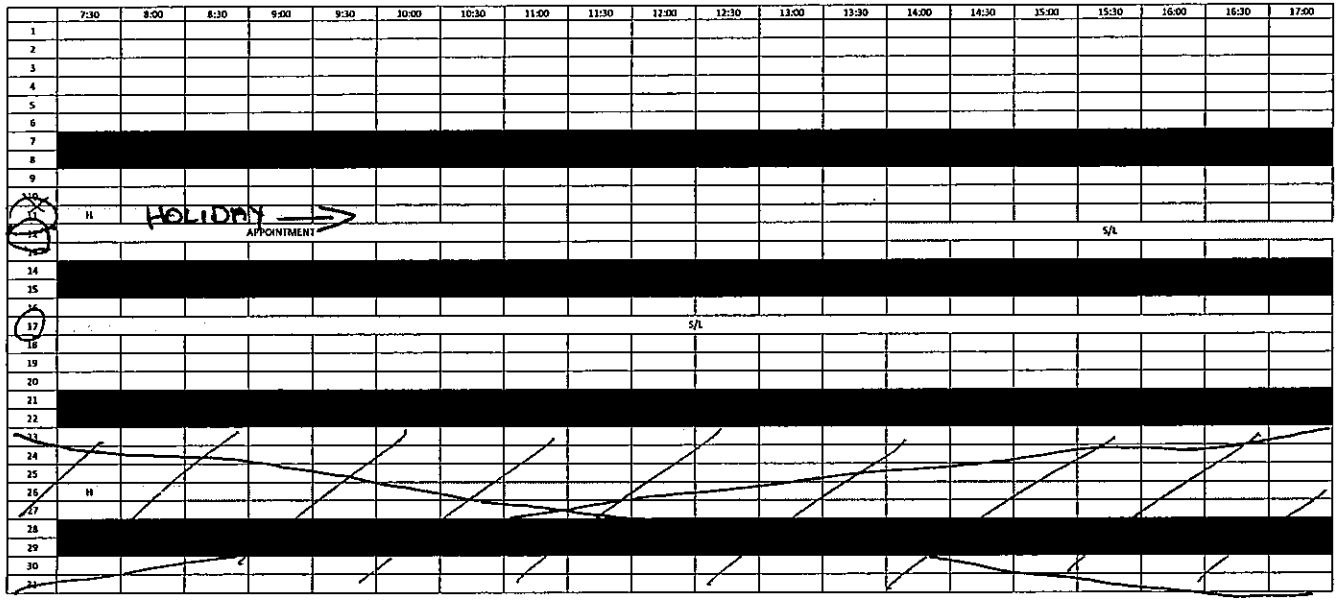
ENCLOSURE (2)

NOVMBER 2015

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2 9時半から医者、もどってこない。上司は有給	3	4 病欠	5	6	7
8	9	10	11 祭日	12 病欠	13	14
15	16	17 病欠	18 病欠	19	20 マリーンボール 早退	21
22	23	24 30 分遅刻	25 病欠	26 祭日	27 休暇	28
29	30 病欠					

Nov '15 [redacted] Log of [redacted]

ENCLOSURE 24



0800 ~ 1100 Appointment
1400 ~ 1700 S/L
0800 — 1700 S/L

ENCLOSURE 22

May 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29 Contractor meeting @ 1400. No show; refer to timesheet.	30
31						